

**ASSESSMENT  
OF  
MONITORING AND EVALUATION  
IN  
PROJECTS MANAGED BY THE  
BUREAU FOR GLOBAL HEALTH  
OFFICE OF POPULATION AND REPRODUCTIVE HEALTH**

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## ACRONYMS

CA	Cooperating agency
CDC/DRH	Centers for Disease Control and Prevention/Division of Reproductive Health
CI	Conservation International
CMS	Commercial Market Strategies project
CTO	Cognizant technical officer
CTR	Contraceptive Technology Research project
DHS	Demographic and Health Survey
FDA	U.S. Food and Drug Administration
FHI	Family Health International
FP	Family planning
FY	Fiscal year
GH/OHA	Bureau for Global Health, Office of HIV/AIDS
GH/PRH	Bureau for Global Health, Office of Population and Reproductive Health
HCP	Health Communication Partnership
HIPNet	Health Information and Publications Network
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IPPF	International Planned Parenthood Federation
IR	Intermediate Result
IRH	Institute for Reproductive Health
IUD	Intrauterine device
JSI	John Snow, Inc.
KIX	Knowledge and Improvement Management Exchange
LMIS	Logistics management information system
M&E	Monitoring and evaluation
M&L	Management and Leadership Program
MIS	Management information system
NGO	Nongovernmental organization
PAC	Postabortion care
PASA	Participating agencies service agreement
PMP	Performance Monitoring Plan
PRB	Population Reference Bureau
RH	Reproductive health
SDM	Standard Days Method
SO	Strategic Objective
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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## **EXECUTIVE SUMMARY**

### **INTRODUCTION AND METHODOLOGY**

Each year, the Bureau for Global Health's Office of Population and Reproductive Health (GH/PRH) invests in monitoring and evaluation (M&E) through its cooperating agencies (CAs). M&E activities are conducted to collect and analyze data to improve program performance and effectiveness, assess progress toward programmatic impact, identify best practices for replication and expansion to the country level, and report to the Agency, Congress, and other stakeholders. This assessment was conducted to review the scope of M&E efforts and the use of data generated by M&E by CAs and the U.S. Agency for International Development (USAID). Implicit objectives of the assessment were to determine whether the indicators currently used by GH/PRH projects correspond with the Strategic Objective (SO) and Intermediate Results (IRs) under development, and to determine whether the M&E process can be streamlined.

Data collection relied on document review, indepth interviews, and two self-administered questionnaires. Fieldwork was carried out from July 19 to August 6, 2004. Two team members conducted indepth interviews with key project staff from eight projects, including M&E specialists and project directors. Telephone interviews were conducted with field-based evaluation officers. Nine other projects completed a self-assessment questionnaire. A second questionnaire was distributed to USAID cognizant technical officers (CTOs) and technical advisors.

### **FINDINGS**

Monitoring is seen as routine tracking of activities to ensure that they are carried out as planned. Evaluation is seen as a more episodic assessment of the outcomes or impact of those activities. Many CAs see an overlap between monitoring and evaluation, especially when the objective is to obtain a complete understanding of project accomplishments and/or concerns. Questionnaire responses and interviews indicate that there is a need for standardized terminology and M&E concepts. Regardless of the precise meaning of monitoring and evaluation, most CAs and CTOs agree that

- Missions are more interested in monitoring and USAID/Washington is more interested in evaluation,
- there is much more monitoring occurring than evaluation,
- the imbalance is continuing to grow, and
- less monitoring and more evaluation is needed to determine outcomes or impact.

Whereas the work plan determines what will be monitored, the Strategic (or Results) Framework determines what will be evaluated. Monitoring occurs mostly at the field level, but CAs also monitor some global activities, such as the development and dissemination of tools, the development of partnerships, and collaboration with other

CAs to replicate best practices. Evaluations are usually carried out to determine whether key results have been achieved. Amounts of funding for M&E cannot be estimated. Although data are available from a few CAs, most either do not track expenditures for M&E at all or in the manner that USAID needs.

M&E plans or Performance Monitoring Plans (PMPs) are usually based on the CA's Results Framework, which defines the expected impacts, intermediate outcomes, and outputs of the projects. One problem that CAs have in developing these plans is writing them to fit project, USAID/Washington, and Mission objectives.

Staff reports, observations, special project data, routine service statistics, and review meetings are the most common monitoring methodologies. Most CAs use survey data in their evaluation strategies as well as key informants, indepth interviews, focus groups, and internal evaluation teams. Technical appropriateness and the need for the data were the most important factors influencing method choice; however, cost was also important. Research CAs, MEASURE Evaluation, and MEASURE DHS were the most used external experts cited in developing evaluation strategies and monitoring systems.

The primary audience for monitoring and evaluation results is the project staff and USAID, both at the global and Mission levels. CTOs and CAs agreed that a combination of written reports and face-to-face meetings was useful, as it allows quantitative data to be elaborated through interactive discussions. Evaluation results are generally more widely shared and disseminated than monitoring results, although the main dissemination methods are similar.

The main uses of monitoring data are summarized by one project, "Staff use reports for tracking progress, identifying strengths and weaknesses, and taking corrective measures where necessary." Other uses of monitoring reports include soliciting feedback from clients; determining whether activities are being completed on time and within budget; noting implementation successes for replication and possible expansion to the country level; determining whether strategies and services need adjustment; taking action to improve coverage, efficiency, and quality of interventions; and informing decisions during the next planning cycles. Evaluation reports are used to inform program strategy and activity design and to report data to GH/PRH and Missions. They are also used to identify and capitalize on program strengths, correct program weaknesses and set realistic goals, identify new areas of study, and provide guidance about best practices for replication and possible expansion. Respondents provided many examples of how activities and, in some cases, Results Frameworks or Strategic Objectives, had been altered as a result of M&E findings. Twelve projects provided examples of how monitoring or evaluation data helped them develop replication or expansion strategies.

Most projects responded that they were doing the correct amount of monitoring, but several made the point that while the level of effort required to monitor is appropriate, the level of effort needed to report results is too great. It was also mentioned that the reporting requirements for the Office of HIV/AIDS (GH/OHA) are excessive given that systems are constantly changing, requiring time and resources to retrain staff. Several individuals also mentioned the burden of responding to many ad hoc requests for information, particularly if they require nonstandard queries of the database.

Of the projects reporting that they conducted too little evaluation, comments mainly focused on their lack of funds. Three noted the relatively adverse positions of USAID Missions toward evaluation, particularly when it is perceived to reduce the project activity budget. Several projects mentioned that their CTO did not support evaluation efforts and their contention that research should be conducted only by research projects. This implies a lack of understanding of the distinction between and the complementarities of research and evaluation on the part of USAID staff.

Several projects mentioned the value of preparing semiannual reports as well as the importance of good databases in the monitoring process. Others valued the PMP and M&E plans as a means of orienting all staff and counterparts to the expectations for each project, and of reaching consensus on project activities and outcomes. The most useful evaluation activities are those that enable accurate and informative results reporting over time as well as comparison of achievements with objectives.

Projects were equally divided in reporting that M&E had both saved money and improved performance, or improved performance alone. Most projects indicated that they could not quantify the amount of savings; perceptions were based on the discontinuation or reorientation of activities that were found to be not performing to expected standards.

## **LESSONS LEARNED**

### **Monitoring Is Essential But Need Not Be Excessive**

CAs, CTOs, Missions, and GH/PRH all agree that monitoring is essential, but they also believe that there is too much monitoring. Or, there is too much reporting required. For some projects, the level of effort that is now put into preparing monitoring reports is excessive and takes away from time that could be better spent on program implementation and evaluation. The development of every M&E plan or PMP should include a very critical review of data needs and an accurate assessment of how data will be used in order to collect the least number of indicators. Unless checked, monitoring will squeeze out resources needed to determine if the activities being monitored make any difference, leaving questions concerning outcomes and impact unanswered.

### **Evaluation Is Needed But Does Not Have To Be Extensive or Expensive**

Many CAs and CTOs want to see increased emphasis on outcome and impact evaluations. They want to know whether the interventions that they implement have any effect on the use of FP/RH services, contraceptives, and eventually, fertility and health. There seems to be some resistance to this from some Missions and CTOs, while other CAs and CTOs believe that additional evaluation needs to be conducted if USAID is going to maintain its leadership niche in the delivery of effective FP/RH services. Additional effort needs to be made to inform them about simple, small-scale evaluation strategies that can be used in the field.

### **Linking Project and CA Strategic and Results Frameworks**

There is a need to show how all USAID projects contribute to improved services and health. That means that a link has to be shown between each CA project and the overall

outcome and impact objectives of the Agency. Currently, the projects have a linear structure in their strategic and results frameworks, each being independent of the other. No links are shown between the CAs' SO and IRs, GH/PRH's SO and IRs, and the Agency's overall goal. Most if not all CAs know that their work is not isolated but part of a larger system that links their subsystem to others. They understand their interdependency, but conceptually, they are seen as completely independent of one another, each one affecting an outcome of use of services and an impact on health. There is a need to view what CAs do as interrelated activities or subsystems, all of which are directed toward the achievement of a common goal.

### **Adopting a Management Information Cycle**

All but a few CAs view M&E as the essence of their management information systems, and few regard M&E as part of a larger management information system (MIS) that also includes needs assessments and design/planning. These four information stages are related to one another in a continuous cycle of management information. This continuous cycle of information generation and use is the foundation of good management and can be readily adapted by CAs. By following this management information cycle, programmers know how to reach their objective.

### **Measuring Qualitative Results**

Many of the current qualitative indicators (e.g., for leadership, advocacy, policy environment) used by CAs, Missions, and GH/PRH are weak. Indicators drive performance, and faulty indicators can actually be dysfunctional by directing effort away from the intended objective and focusing it on easy-to-measure but meaningless activities. There is a need to develop alternative methods for assessing the performance of qualitative results. Options include the elimination of weak indicators and substitution of evidence-based narratives that demonstrate how and how much progress has been made in achieving qualitative objectives. Scales, indexes, and careful case studies are other examples of alternative approaches.

## **RECOMMENDATIONS**

A core recommendation is to form a CA working group on evaluation that can address some of the following:

- standardize M&E concepts and terminology;
- develop qualitative indicators for GH/PRH SOs and IRs;
- facilitate exchange of evaluation models and results among CAs;
- support training to CAs in M&E, especially in quicker and less expensive evaluation methodologies; and
- develop criteria for what to evaluate.

Some recommendations will require action by GH/PRH and/or Missions:

- apply a systems approach to Strategic and Results Frameworks;
- build evaluation, especially of outcomes, into all projects;
- reduce monitoring reporting burden;
- request that CAs report adoption or application of research results;
- test validity and utility of M&E tools developed by CAs; and
- allocate additional funds for evaluation.

## I. INTRODUCTION

Each year, the Bureau for Global Health's Office of Population and Reproductive Health (GH/PRH) invests in monitoring and evaluation (M&E) through its cooperating agencies (CAs). The rationale for conducting M&E activities is to collect and analyze data to improve program performance and effectiveness, assess progress toward programmatic impact, identify best practices for replication and expansion to the country level, and report to the Agency, Congress, and other stakeholders. However, to date no systematic review of the magnitude of the M&E effort has been made, nor has the use of data generated by M&E, either by the CAs or by the U.S. Agency for International Development (USAID), been investigated. This assessment represents an effort to provide information on both topics. The findings are expected to contribute to decisions by GH/PRH regarding future investments in M&E, both financial and in terms of human capacity.

Concurrently, GH/PRH is in the process of developing a new Strategic Objective (SO) and Intermediate Results (IRs). A series of consultative meetings has been held with CAs to develop indicators that might be included in the new Results Framework, against which projects will report. The core funding investments made by GH/PRH are now directed toward achieving the new SO 1 and its IRs:

SO 1: Advance and support voluntary family planning and reproductive health programs worldwide

IR 1: Global leadership demonstrated in FP/RH policy, advocacy and services

IR 2: Knowledge generated, organized and disseminated in order to advance best practices

IR 3: Support provided to the field to implement effective and sustainable FP/RH programs

Thus, an implicit objective of the assessment is to determine whether the indicators currently used by GH/PRH projects are likely to correspond with the new SO and IRs. Given that GH/PRH has undertaken this revision with the intention of improving the representation of the work it already supports, it is expected that little change will be required by the CAs. But it remains to be seen whether projects funded by GH/PRH will need to modify their own frameworks, indicators, and M&E approaches in order to demonstrate their contribution to the new GH/PRH SO and IRs.

As stated in the scope of work (see appendix A), the purpose of the assessment was to determine how CAs supported by GH/PRH conduct monitoring and evaluation and to assess the extent to which M&E, or the information generated by M&E processes, contribute to measuring progress in achieving the new GH/PRH Strategic Objective and its Intermediate Results.

The objectives of the assessment were to

1. identify and document how CAs are implementing monitoring and evaluation activities within their projects,
2. identify and assess how the information generated by M&E efforts is being used to benefit projects,
3. assess whether the funding for M&E is appropriate and whether the funding is being used for the most cost-effective and useful M&E efforts, and
4. make recommendations that will help GH/PRH invest in the most useful and cost-effective M&E activities and approaches in its projects.

## II. METHODOLOGY

The assessment was carried out by a three-person team, one a USAID employee.<sup>1</sup> Data collection relied principally on document review, indepth interviews, and analysis of data collected using two self-administered questionnaires.

The team leader began work on the assignment in May 2004 by participating in two of three meetings between GH/PRH and its CAs to discuss and refine indicators to measure progress toward the new IRs. In June, two team members spent 2 weeks reviewing the extensive set of M&E–related documents provided by eight projects selected for indepth review. These included

- the M&E portion of cooperative agreements and contracts,
- Performance Monitoring Plans,
- annual M&E work plans and budgets,
- quarterly and semiannual progress reports,
- annual results reporting,
- management review reports, and
- research and evaluation reports.

A self-assessment questionnaire was developed for completion by 17 CAs, representing the 8 indepth and 9 other projects (see table 1). The 17 projects were selected by USAID staff and represent a cross-section of service delivery, logistics, research, communication, and policy projects. An effort was made to represent all GH/PRH divisions, recently awarded and recently completed projects, and those expected to have elaborate or basic M&E systems.

A second, shorter questionnaire was prepared and distributed to the cognizant technical officers (CTOs) and technical advisors for each of the 17 projects.<sup>2</sup>

**Table 1**  
**Projects Selected for Indepth Review and Self-Assessment**

<b>Projects Selected for Indepth Review and Self-Assessment</b>	<b>Projects Selected for Self-Assessment Only</b>
ACQUIRE	Advance Africa
CATALYST	AWARENESS
Commercial Market Strategies (CMS)	BRIDGE
Contraceptive Technology Research (CTR)	FRONTIERS
DELIVER	Healthy Families, Healthy Forests
Health Communication Partnership (HCP)	LINKAGES
POLICY II	Management and Leadership Program (M&L)
PRIME II	MEASURE CDC/DRH*
	YouthNet

\*MEASURE Centers for Disease Control and Prevention/Division of Reproductive Health

<sup>1</sup> The USAID staff member participated in preparatory activities and the first week of fieldwork, before leaving for a professional rotation.

<sup>2</sup> Due to miscommunication, the questionnaire for the CTOs and technical advisors was not distributed in advance. Most of the CTOs and technical advisors participated in the meeting on July 20. The majority made the decision not to complete the questionnaire.

Within USAID, the team was briefed by the deputy director of GH/PRH and a senior medical advisor. A large, participatory meeting was held with the CTOs and technical advisors responsible for the 17 projects. Fieldwork was carried out from July 19 to August 6, 2004. During that time, indepth interviews were conducted with key project staff, mainly M&E specialists and project directors. In addition, a number of telephone interviews were conducted with field-based evaluation officers (see appendix B for persons contacted). One team member interviewed staff at CTR and PRIME in North Carolina, and one interviewed ACQUIRE staff in New York. Both traveled to Baltimore to meet with staff of HCP. With the exception of DELIVER, all other interviews were conducted jointly, including telephone conferences with CMS, PRIME, and MEASURE Evaluation. No USAID Missions were contacted.

The findings reported below follow the order of the questions included in the self-assessment questionnaire. They consist of responses to 37 questions organized into the following topics:

- distinction between monitoring and evaluation,
- selection of monitoring and evaluation topics,
- funding monitoring and evaluation,
- methodologies and data production,
- dissemination,
- utilization,
- attitudes regarding monitoring and evaluation, and
- monitoring and evaluation recommendations.

The findings summarize both the responses to the questionnaires and additional information provided during the indepth interviews.

The team also identified several other key issues derived from the questionnaire responses and interviews. Discussion of these follows the initial findings presented in this report. The report concludes with lessons learned by the assessment team and recommendations for action.

### III. FINDINGS

#### MONITORING AND EVALUATION

**In your project do you distinguish between monitoring and evaluation? If so, what is the distinction? (Q 1)<sup>3</sup>**

Of the 17 cooperating agencies surveyed, 16 reported that they do make a distinction between monitoring and evaluation; only one reported that it did not. In general, monitoring is seen as routine tracking of activities to make sure they are being carried out as planned. Evaluation is seen as a more episodic assessment of the outcomes or impact of those activities. Most CAs believe that process and output indicators are traditionally associated with monitoring while outcome and impact indicators are associated with evaluation.

However, there is a great deal of variation in these views, especially concerning evaluation. HCP, for example, makes distinctions between process evaluation, monitoring, summative evaluation, and impact evaluation.<sup>4</sup> None of the other CAs makes those distinctions. MEASURE Evaluation materials describe monitoring as one type of evaluation. The other is impact evaluation. HCP and CMS see impact evaluation as isolating changes in behavior that can be attributed to their interventions. Most of the other CAs do not address attribution.

Many CAs see an overlap between monitoring and evaluation, especially when the objective is to obtain a complete understanding of accomplishments and/or concerns at the end of a project. DELIVER notes that routine monitoring is also used to assess achievement of objectives over time and evaluation is used to make programming improvements, the same as routine monitoring. Many CAs carry out evaluations to assess inputs and processes. CATALYST, for example, is designing an evaluation of the use of handheld computers in routine data collection.

It is clear from the responses and interviews that there is a need for standardized terminology and M&E concepts, despite the fact that they were standardized in a 1994 handbook of indicators.<sup>5</sup> However, a follow-on compendium of reproductive health (RH) indicators may have inadvertently contributed to the terminology confusion by redefining outcome indicators and introducing other terms.<sup>6</sup>

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<sup>3</sup> The findings are presented in the order of the self-assessment questionnaire. The question number is noted after each question.

<sup>4</sup> HCP: Process evaluation focuses on the extent to which a program is implemented according to plan. Monitoring focuses on identifying/tracking intermediate or preliminary changes that indicate that an intended behavior change process has started or is progressing. Summative evaluation is the assessment of outcomes, both their magnitude and reasons. Impact evaluation is assessment of impact that can be attributed to the intervention. HCP also adds “formative evaluation” to its typology, which is used in the design of interventions.

<sup>5</sup> Jane Bertrand, Robert Magnani, and James Knowles, *Handbook of Indicators for Family Planning Evaluation*, The Evaluation Project, Contract Number DPE-3060-C-00-1054-00, 1994, pp. 18-19.

<sup>6</sup> Jane Bertrand and Gabriela Escudero, *Compendium of Indicators for Evaluating RH Programs*, Volume 1, MEASURE Evaluation Manual Series No. 6, Cooperative Agreement HRN-A-00-97-00018-00. August 2002, pp. 6-11.

At the meeting of CTOs and technical advisors, one person noted that the development of an M&E capacity-building curriculum has been hindered by the lack of consensus on the meaning of fundamental terms. Although most people understand the meaning of inputs, processes, and outputs, there is less understanding of the meaning of outcomes and impacts. USAID and many CAs think, correctly, of outcomes as intermediate effects on knowledge, skills, attitudes, and behavior. But some do not see a distinction between outputs and outcomes. One CA, for example, considers that “improved guidance provided” is an outcome.<sup>7</sup> Many CAs think of impact, again correctly, as changes in health status (fertility, morbidity, mortality). Some also include changes in knowledge, skills, and behavior as impacts. A few use “impact” to include changes in such outputs as sales of contraceptives (e.g., the impact of a new advertisement campaign on condom sales). At least two CAs view impact as the change attributable to a project intervention.

**Table 2**  
**Levels of Indicators in Family Planning and Reproductive Health Program Evaluation<sup>8</sup>**

<b>Program-based (Performance)</b>	<b>Population-based (Outcome)</b>
Input	Effect (Intermediate)
Process	Impact (Long-term)
Output	

Regardless of the precise meaning of monitoring and evaluation, most CAs and CTOs agree that

- Missions are more interested in monitoring and USAID/Washington is more interested in evaluation,
- there is much more monitoring than evaluation,
- the imbalance is continuing to grow, and
- less monitoring and more evaluation is needed to determine outcomes and impact. Table 3 on the following page provides a fairly typical CA conceptual framework where these terms are commonly used.

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<sup>7</sup> The authors would classify this as an output. If the guidance were adopted and acted upon, that would be a behavioral outcome; if that led to a decline in morbidity, that would be a health impact.

<sup>8</sup> Bertrand et al., p. 18.

**Table 3**  
**Excerpt from CTR Conceptual Framework for Evaluation**

**GOALS:** 1) To expand the range and availability of safe, effective, acceptable, and affordable choices for the prevention of pregnancy and sexually-transmitted infections (STI)/HIV in family planning (FP) and reproductive health (RH) programs worldwide; and 2) to promote the expanded use of these choices by increasing knowledge and support of them among policymakers, health care managers, providers, trainers, and other RH organizations.

Project Focused Within CTR		Effect of CTR on the Larger System, Population-Based	
		Outcomes = a Relatively Direct and Immediate Result of the Project	Long-term Effect
Inputs→	Outputs→	Outcomes→	Impact
<p>Highly skilled, multidisciplinary staff</p> <p>Established management, financial, and research systems</p> <p>Facilities and equipment, including laboratory facilities for testing devices</p> <p><b>Funding:</b> USAID and other donors</p>	<p>Clinical trials or alternative methodologies applied to assess safety, efficacy and acceptability, affordability of FP methods and services</p> <p><b>Output indicators include:</b></p> <p>No. of studies completed having met objectives</p> <p>No. of products for which an IND or IDE* is submitted</p> <p>No. of papers and final reports disseminating findings</p> <p>No. of persons trained at sites on research procedures</p>	<p>No. of new, safe, and effective FP methods are approved by the Food and Drug Administration (FDA), other national or international bodies</p> <p>No. of ineffective or unsafe methods removed from the pipeline</p> <p>Procurement decisions by USAID, the United Nations Population Fund (UNFPA), and others that respond to or are influenced by information shared in journals, policy, and program literature</p> <p><b>Capacity building:</b> improved knowledge and research skills of those in the field who are involved in the studies</p>	<p><b>Among target populations:</b></p> <p>Increase in overall contraceptive prevalence</p> <p>Increase in new FP acceptors</p> <p>Increase in method continuation rates</p>

\*An IND is an investigational new drug application, which is a request for authorization from the FDA to administer an investigational drug or biological product to humans. An IDE is an investigational new device application.

## **SELECTION OF M&E SUBJECTS/TOPICS**

### **What are your major monitoring activities in this project? That is, what do you monitor? (Q 2)**

CA work plans determine what the CAs will monitor. All CAs have work plans and all monitor the activities in their work plans, which are mostly processes or outputs and related indicators. The CAs are largely concerned with whether the planned activities take place on schedule and within budget, and if not, why not. The specific outputs and indicators vary according to the nature of the project. Research projects monitor progress in implementing research protocols. Capacity development projects monitor training activities. Service delivery projects monitor visits and services provided. Several CAs monitor a select number of key indicators. PRIME, for example, monitors 10 key indicators and CATALYST and ACQUIRE monitor 20 essential indicators.

Monitoring occurs mostly at the field level, but CAs also monitor some global activities, such as the development and dissemination of tools, the development of partnerships, and collaboration with other CAs to replicate best practices. CAs also monitor expenditures and staff workload and travel, among other administrative activities.

Although most CAs limit monitoring to processes and outputs, some extend monitoring to include behavioral outcomes. LINKAGES, for example, monitors provider performance after training. Conservation International, while tracking new family planning users and vaccination coverage rates, also monitors the number of farmers who adopt new agricultural practices. HCP monitors whether people who have heard a message seek further information or use services.

One characteristic that distinguishes monitoring from evaluation is that the former relies heavily on totals (numbers of people trained, numbers of publications disseminated). Evaluation relies more on percentages, proportions, and statistical tests of significance.

### **What are your major evaluation activities in this project? That is, what do you evaluate? (Q 3)**

Whereas the work plan determines what will be monitored, the Strategic (or Results) Framework determines what will be evaluated. Evaluations are usually carried out to determine whether key results have been achieved. These are usually phrased as behavioral outcomes and/or impacts on health and fertility. Examples of behavioral outcomes are provider performance after training and target audience use of contraceptives. Examples of impacts are total fertility, infant mortality, and HIV prevalence.

These evaluations are usually undertaken at the end of a project and the measures tend to be proportions, rates, and ratios rather than totals. This type of evaluation is based largely on such population-based surveys as the Demographic and Health Survey (DHS) as well as local surveys.

However, there are many exceptions to the above. CAs have carried out evaluations of pilot projects and innovative interventions as well as procedures and tools. POLICY, for example, has conducted evaluations of participatory training and an advocacy manual.

DELIVER provides global data on contraceptive security and on-time shipments that resemble outputs more than outcomes. HCP and Advance Africa conduct formative evaluations that are used to identify needs and to design interventions to meet those needs. The Population Reference Bureau (PRB) and the Institute for Reproductive Health (IRH) carry out follow-up evaluations to determine if innovations and their results have been sustained. YouthNet notes that the achievement of long-term outcomes, such as fertility and morbidity, often do not occur until after the completion of a five-year project, so it does not attempt to measure them. CMS agreed with this, noting that endline evaluation surveys in Nicaragua and Nepal showed no change (yet) in contraceptive use. CMS recommends that follow-up surveys be conducted in these two countries under the follow-on project.

**Who selects what will be evaluated (CA, Mission, GH/PRH, other)? (Q 4)**

In general, the answer depends on the source of funding. GH/PRH has authority over what is evaluated with core funds. Missions have authority over what is evaluated with field funds. This can become unclear when Missions send field support money back to USAID/Washington to buy CA expertise. In addition, the decisions are almost always collaborative.

Decisions about evaluating centrally funded interventions will almost always involve the designated CTO and technical advisor in addition to the relevant CA staff. Depending on the type of project, external experts may also be involved to identify priority evaluation topics and/or to review solicited proposals. If the activities to be evaluated are in the field, then the local Mission, local counterparts, and CA field staff might also be involved.

Decisions about interventions funded through field support typically involve the Mission, local counterparts, and CA field staff, at a minimum. In some cases, CA M&E headquarters staff or consultants are also involved.

**What are the sources and approximate amounts of funding for your M&E activities (core, field support, combined)? (Q 5)**

The sources are fairly clear; they are USAID core and field support funds. However, in some cases, the CAs have received funds from other SOs and donors to carry out various M&E activities. This makes it difficult to determine precisely what has been financed by core funding year by year.

The amounts of funding for M&E are practically impossible to estimate. Data are available from a few CAs, but most do not track expenditures for M&E at all or in the manner that USAID needs. Nine of the 17 CAs could not provide any estimates of core funding for monitoring or evaluation. Three of these could not disaggregate the amounts for monitoring and for evaluation. Those that could provide data to the team were not necessarily able to make more than gross estimates. In addition, some provided information only for the latest year while others provided data for several years.

Unfortunately, the data that are available are not comparable and cannot be aggregated. In addition to different time periods, some CAs provided budget data and others provided expenditures data, some provided direct costs only and others provided fully loaded costs,

and some included the core funds they spent on country projects and others did not. Several stated that M&E is embedded in other activities and, therefore, they have probably underestimated the actual costs of M&E. Thus, the actual costs of monitoring or evaluation for any project or for all of the projects overall could not be estimated. See appendix C for a listing of data collected on CA funding for core-supported monitoring and evaluation.

If USAID wants to have accurate, comprehensive data on the costs of M&E, then the CAs will need to adjust their accounting systems to track all M&E expenditures. Alternatively, USAID could sponsor a small study of M&E costs in a sample of representative projects.

## **METHODOLOGIES AND DATA PRODUCTION**

### **Who is responsible for designing monitoring and evaluation plans? (Q 6)**

M&E plans or Performance Monitoring Plans (PMPs) are usually based on the CA's results framework, which defines the expected impacts, intermediate outcomes, and outputs of the projects. CAs typically are required to propose indicators for each of these. Some are also asked to propose targets or benchmarks to be achieved by specific dates. Again, depending on the source of funding (core or field), the indicators and targets have to be approved by USAID/Washington and/or the relevant Missions.

One of the typical problems that CAs have in developing these plans is writing them to fit both USAID/Washington and Mission objectives. CAs often have to make sure that the plans fit into and provide appropriate information to the M&E plans and PMPs of both the Missions and GH/PRH. One solution to this problem, suggested in CATALYST's recent evaluation, is to prepare separate plans for core and field-supported interventions. At least one CA is already doing this.

### **Does your project have a standard approach to developing monitoring or evaluation plans, for example, an M&E results framework? If yes, please describe or attach? (Q 7)**

The short answer to this is "yes."<sup>9</sup> As noted above, the CAs all have results frameworks and the M&E plans and the PMPs are based on those frameworks. In addition, there is a fairly standardized format for M&E plans/PMPs.<sup>10</sup> Most are summarized in a matrix format that includes a statement of the IR, description of each indicator, the data source for each one, frequency of collection, and so forth. However, there are exceptions. DELIVER and POLICY, for example, do not have PMPs.

CAs often divide indicators into two groups: those that must be reported to USAID and those that are used for internal monitoring and evaluation. This can result in a large

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<sup>9</sup> An exception is CDC, which is in the process of developing a CDC/DRH framework and results-oriented indicators. DELIVER does not have a formal M&E plan but it does have an M&E strategy that is discussed with staff annually.

<sup>10</sup>It is unclear whether there is a difference between M&E plans and PMPs. Some respondents used the terms interchangeably. Others thought that the PMP is the overall project plan and M&E plans are developed for each subproject based on the project PMP. Still others thought that the M&E plan is the Mission's plan and the PMP is for CAs.

number of indicators and a lengthy PMP. The CATALYST plan for its project in Egypt, for example, is over 50 pages long. Plans for headquarters and for its projects in Peru are equally as long.

M&E plans/PMPs are not necessarily developed for each project and subproject. For example, CMS develops a results framework only for each country subproject that has a resident advisor or at least \$1 million in activities. Similarly, not all subprojects are evaluated. Some CAs evaluate only large projects. Many do not evaluate small projects and some CAs do not evaluate any of their subprojects. Whether a project or subproject is evaluated depends on a number of factors other than size. Missions and CTOs often contribute to the decision. Some Missions do not want to waste funds on evaluation. Others require evaluations and are willing to pay for them with field support funds. Some CTOs who supervise service delivery projects believe that their CAs should not conduct research—that it should be left to the research CAs.

Subprojects are not always required to report on core project indicators. Both PRIME and CATALYST allow their subprojects to choose the core indicators about which they will report. ACQUIRE requires its subprojects to report on 5 of their key 20 indicators. In addition, some projects, such as ACQUIRE, M&L, and IRH, use standardized templates to make it easier for country subprojects to prepare their plans. Others, such as FRONTIERS, do not, since each plan is developed individually to correspond to the specific research question identified.

**Does project staff implementing project activities both in the United States and in the field have ready access to the project M&E plan? If yes, how do they access it? (Q 8)**

Again, the short answer is “yes.” Almost all CAs have their own intranet or a web site where both headquarters and field staff can access the M&E plans/PMPs. This is also a convenient mechanism for updates. Even DELIVER, which does not have a formal M&E plan, has an M&E strategy and an M&E manual that is used to train all staff. CA staffs also receive information on the M&E plan/PMPs during orientation, at annual meetings, and via ad hoc distribution of copies of M&E manuals.

**What are the principal monitoring methodologies used by your project? (Q 9)**

There is much commonality among the CAs. Staff reports, observations, special project data, routine service statistics, and review meetings are the most common. CTOs and CAs agreed that a combination of written reports and face-to-face meetings was best. This allows quantitative data to be elaborated through interactive discussions (see table 4 on the following page).

CAs may not collect these data themselves. Most, particularly service delivery CAs, rely on secondary data provided by government and other agencies. Some CAs have a specific policy not to set up parallel data collection systems for their projects but to rely on existing systems. In addition, the methodologies are likely to vary from country to country and by the nature of the project. For example, CTR uses profit and loss statements and customized reports for clinical trials. DELIVER relies on logistics

management information system (LMIS) reports in some countries. Review meetings might be on a weekly, biweekly, quarterly, semiannual, or annual schedule. In sum, the methodologies used are similar in general, but vary according to project composition and environment.

**Table 4**  
**Monitoring Methodologies Used**

Methodology	Use	Percentage
Collection, Compilation and Tabulation of Staff Reports	17	100
Site Visits, Observation and Key Informant Interviews	17	100
Collection of Special/Project Data	16	94
Collection of Routine Service Statistics	14	82
Monthly or Quarterly Review Meetings	14	82
Other (please specify)	8	47

n=17

**What are the principal evaluation methodologies used by your project?**  
**(Q 10)**

While monitoring involves many different totals (numbers of providers, clients, condoms), evaluations require more complex quantitative and qualitative data. Thus, the methods tend to be more complex and costly. Not surprisingly, most CAs carry out surveys (see table 5). What may be surprising is that the next four methods most used are designed to collect qualitative data, whereas one would expect most evaluations to emphasize quantitative data. Two thirds claim to use quasi-experimental or (nonexperimental) pre-post designs. Only five reported using operations research. One respondent noted that the reason that it does not conduct operations research is because it requires a long-term commitment and adequate funding from USAID, which are difficult to attain.

**Table 5**  
**Evaluation Methodologies Used**

Methodology	Use	Percentage
Surveys	15	88
Key Informants	13	76
Indepth Interviews	12	71
Focus Groups	12	71
Internal Evaluation Teams	12	71
Quasi-experimental/Pre-Post Designs	11	65
Case Studies	11	65
Client Intercept Studies	10	59
Analysis of Secondary Data	9	53
External Evaluation Teams	8	47
Operations Research	5	12

n=17

Other methods that some CAs have employed are sentinel surveillance, small area analysis, simulations, cost studies, and anonymous clients (sometimes referred to as mystery clients). Again, it is important to keep in mind that some CAs conduct no evaluation at all.

### **What influences your selection of M&E methodologies? (Q 11)**

Table 6 shows that technical appropriateness and the need for the data were the most important factors for most of the CAs. However, cost was also important. All of the CAs considered many factors, including the views of Missions, CTOs, field staff, host country managers, and stakeholders. One respondent noted that this issue seems to be more important for evaluation because monitoring is more or less standardized.

ACQUIRE noted that it will conduct large pre–post evaluations in Bangladesh, Bolivia, and Tanzania. These subprojects were selected because they are all large (more than \$1 million), of long duration (three to five years), and funded with field support money. Another important factor is that the previous project relied heavily on service statistics to assess results and did not evaluate project outcomes and impact.

**Table 6**  
**Factors Influencing Selection of M&E Methodologies**

<b>Factors</b>	<b>First Priority</b>	<b>Average Score*</b>
Best Method To Address Research Question	8	2.6
Cost	2	3.4
Need for Data	8	3.6
Time Resources	1	4.0
Staff Resources		4.3
USAID/Washington Guidance		4.9
Mission Guidance		5.2

n=17. First priority means the number of CAs that stated that this factor was the most influential.

\*Average score is the mean ranking for that factor: the lower the average score, the higher the average ranking. Some CAs ranked two factors as tied.

### **Has your project developed innovative monitoring or evaluation strategies or tools that are particularly effective? (Q 12)**

The respondents provided rather extensive lists of tools, approaches, manuals, and materials, which are summarized in a table for question 28. Although it is beyond the scope of work to assess the validity and utility of these tools, it appears that it would be a good idea to do so. That would also address a number of issues that have emerged, such as whether these tools were developed by the CA or adapted from another organization's tool and whether they are really innovative or repackaged to look new. It appears that at least some of these tools duplicate what has been done in the past.

### **How and to whom has information about these innovations been disseminated? (Q 13a)**

The prime targets for dissemination of innovations seem to be other CAs. There appears to be a large amount of sharing through formal and informal mechanisms, including seminars, workshops, technical assistance, training, web sites, list serves, and inclusion in such reference mechanisms as the *Best Practices Compendium* and the MEASURE *Evaluation Compendium of Indicators for Reproductive Health Programs*. Some projects

have technical advisory groups and informal working groups that are open to health M&E specialists.

Although the CAs are often in competition with one another for USAID projects, they have been forced over the last decade to form consortia to bid on large-scale projects. This has fostered collaboration and expanded informal networks of M&E specialists within these different organizations. In addition, there seems to be professional bonding among the small number of people who have this common interest, which fosters informal exchanges of information, ideas, and tools.

Unfortunately, this group is largely concentrated in the metropolitan Washington, D.C., area where most of the incumbent CAs have their offices. There is little involvement of those outside the Boston–Washington–Carolina corridor. Until a few years ago, there was an M&E working group that met periodically to share findings and discuss M&E issues. There is some discussion of reviving this group or reconstituting it within the MEASURE Evaluation project, or within the Health Information and Publications Network (HIPNet), or within some other organization established by USAID.

Most CAs now have their own web sites, which enables them to disseminate their products worldwide. Many now make their project reports, tools, and reference materials available to all through the Internet. Whether this is an effective way to promote adoption of tools is debatable. Most tools would probably require at least some practical training or technical assistance.

**Are you aware of cases in which innovations have been adopted by other projects or organizations? (Q 13b)**

It seems that there is more adoption than might be expected among these CA competitors. This may reflect the general commitment of technical staff to a collective approach to solving health problems. It may also reflect the efforts of USAID/Washington to promote collaboration and adoption of best practices. Whatever the reasons, there have been some impressive instances of adoption of M&E innovations by CAs and others. Some examples include the following:

- CTR showed its electronic information system to the Population Council, which, it understands, is developing a similar version for its use.
- POLICY has made presentations to USAID and other CAs on its information system.
- DELIVER helped MEASURE DHS to include appropriate questions on logistics in its questionnaire.
- ACQUIRE was helped by MEASURE Evaluation to design field tools based on the Quick Investigation of Quality model.
- FRONTIERS notes that the “willingness to pay” methodology (developed jointly with the Futures Group) has been adopted and widely disseminated by Abt Associates and several International Planned Parenthood Federation

(IPPF) affiliates. The systematic screening methodology has been replicated in Senegal and India.

- LINKAGES reports that the rapid assessment procedures methodology was adopted by BASICS for its Senegal program. In addition, USAID/Bolivia has endorsed the use of lot quality assurance sampling for collecting annual trend data by the nongovernmental organizations (NGOs) that it funds.

**Do you ever use external expertise (e.g., MEASURE Evaluation, research CAs) to develop evaluation strategies and monitoring systems? (Q 14)**

One would expect that CAs with in-house research capability (such as MEASURE, FRONTIERS, Family Health International [FHI], IRH, and HCP) do not need to call on external organizations for M&E assistance and vice versa. This seems to be the case. Table 7 shows that research CAs and MEASURE were the most used external experts. This is probably because these organizations not only have technical research expertise but are organizations that understand the GH/PRH context. ACQUIRE plans to work with MEASURE DHS on an evaluation in Tanzania, using service delivery points in the DHS sampling frame.

**Table 7**  
**Use of External Expertise**

<b>External Expertise</b>	<b>Yes</b>	<b>No</b>	<b>Percentage Yes</b>
Research CAs	11	6	65
Independent Consultants	11	6	65
MEASURE	10	7	59
Local Researchers	9	8	53

n = 17

Independent consultants include local and international experts. Some CAs reported that their experiences with local consultants and consulting firms were good with respect to data collection but weak in analysis and report writing. They also tended to be unfamiliar with the subject area, from FP to HIV. Thus, these organizations are now more often hired to collect data but analysis and report preparation have been taken over by the CA staff. Others, such as POLICY and CATALYST, have had success in training local staff and consultants in monitoring, evaluation, and research.

External expertise has been sought for assistance in a variety of areas, including identification and analysis of relevant literature, sharing of expertise, development of indicators, sampling, measurement, design, and publishing.

## **DISSEMINATION**

**Who are the principal target audiences for your monitoring results? (Q 15)**

**Who are the principal target audiences for your evaluation results? (Q 16)**

While different terms were used occasionally and distinctions were made between headquarters staff and field staff, it is clear that the primary audience for monitoring and evaluation results is project staff.

**Table 8**  
**Target Audience for Monitoring and Evaluation Results**

Type of Organization	Audience for Monitoring		Audience for Evaluation	
	Number of Projects	Percentage	Number of Projects	Percentage
Own Organization	14	82	10	59
GH/PRH	15	88	17	100
USAID Missions	14	82	16	94
Program Managers	12	71	10	59
Field Staff	6	35	4	24
Other Funding Agencies	1	6	6	35
Other CAs	2	12	5	29
Government Counterparts	1	6	7	41
Partners	4	24	4	24
FP/RH Community			4	24

n=17

Virtually all projects reported that USAID, both at the global and Mission levels, were also principal audiences, particularly for evaluation results. Projects noted that field staff, referred to variously as program managers, implementing staff, facility-based staff, client organizations, in-country partners, and national counterpart organizations, was an essential audience for both monitoring and evaluation results.

Projects were more likely to list other funding agencies or international organizations, government counterparts, and other CAs as audiences for their evaluation results than they were for monitoring results. Also, project partners were more often identified as recipients of evaluation results than of monitoring results.

**What are the principal dissemination methods you use to distribute monitoring results? (Q 17)**

**What are the principal dissemination methods you use to distribute evaluation results? (Q 18)**

Virtually all projects (15) mentioned project reports as an essential mode of dissemination of monitoring results (the others mentioned reporting via e-mail and regular meetings with collaborating organizations and USAID Missions). Eleven remarked on the importance of meetings, debriefings, and PowerPoint presentations to convey findings to host country counterparts, project staff, and USAID colleagues. Evaluation results are generally more widely shared and disseminated than monitoring results, although the main dissemination methods are similar. Most projects continue to rely on written reports of various types to document evaluation findings. At the country level, findings are often presented at workshops, technical meetings, and briefings with key counterparts. One project, likely reflecting the experience of others, noted that host country dissemination is carried out by a resident advisor or country team leader, and varies by country. FRONTIERS underscored the importance of personal presentation of data to decision-makers to facilitate their participation in the research utilization process.

About half (nine) also made monitoring reports available electronically, either through project web sites, organization intranets, or e-mail. More projects reported making evaluation findings available on web sites, compared with monitoring results. About half

the projects indicated that they published technical updates, newsletters, or project summaries that report monitoring or evaluation results.

**Table 9**  
**Dissemination Channels for Evaluation Results**

<b>Type of Organization</b>	<b>Number Reporting</b>	<b>Percentage</b>
Reports	14	82
Summaries, Notes	9	53
Conferences	7	41
Workshops, Technical Meetings	6	35
Presentations, Briefings	7	41
Electronic Media*	12	71
Peer-reviewed Journals	6	35

n=17 \*Includes web postings (7), e-mail (3), and intranet (2)

The communication channel selected depends on the type of information to be conveyed. Information critical to project decision-making is shared mostly through reports, meetings, and presentations, while information with the potential to inform the international public health community is shared through more broadly accessible media. More so than for monitoring results, projects noted the importance of sharing evaluation findings with the wider professional community through peer-reviewed journals. This largely reflects the interests of the projects with a research focus, notably CTR, FRONTIERS, HCP, IRH, PRIME II, and YouthNet. Service delivery projects do not typically have funding to support the preparation of journal articles.

**How frequently are monitoring results disseminated? To whom? (Q 19)**

**How frequently are evaluation results disseminated? To whom? (Q 20)**

Reporting of monitoring results varies by project. About half (nine) indicated that they prepare and submit reports to USAID and project staff quarterly. Five mentioned reporting semiannually and four reported annually to GH/PRH and Missions. Many noted that monitoring results are disseminated on an ad hoc basis, according to the project cycle; when a critical mass of information useful for decision-making is available; when potentially useful results are of interest to others; as they are needed or requested; or according to the timetable negotiated with project partners and USAID Missions.

Most projects report that evaluation results are disseminated as soon as they become available, usually a short time after project completion. In the case of tools, strategies, campaigns, and training curricula, results are usually disseminated quickly. In the field, this depends on the project's cycle. In some cases, findings are accumulated and reported to GH/PRH annually. One project (FRONTIERS) noted that follow-up activities, including comprehensive local dissemination, are increasingly supported in order to create the political and administrative conditions needed to replicate and expand successful interventions.

As indicated in the response to questions 15 and 16 above, monitoring and evaluation results are mainly disseminated to USAID/Washington, USAID Missions, and project staff both at headquarters and in the field, including host country counterparts. Evaluation results are disseminated to broader audiences as described earlier.

## UTILIZATION

### Who are the principal users of monitoring reports? (Q 21)

### How are monitoring reports used? (Q 22)

Not surprisingly, all projects report their own use of monitoring reports, and the majority (82 percent) also notes that GH/PRH is a principal user. Three fourths also mentioned USAID Missions as users. Among those not citing Mission use were PRB and MEASURE CDC/DRH, projects that have direct contact with a limited number of Missions, and Conservation International (CI), which is managing a relatively new project operating in only two or three countries to date.

About half the projects, the majority of which are field-oriented service delivery or systems development projects, noted that host country agencies were the major users of their reports. Only four projects mentioned other CAs as key users of their monitoring reports. FRONTIERS was the sole project to report use by all audience categories.

**Table 10**  
**Use of Monitoring and Evaluation Reports by Audience**

Type of Organization	Monitoring Reports		Evaluation Reports	
	Number Reporting	Percentage	Number Reporting	Percentage
Own Organization	17	100	17	100
GH/PRH	14	82	17	100
USAID Missions	13	76	15	88
Host Country Agencies	9	53	13	76
Other CAs	4	24	12	71
Other Funding Agencies	4	24	8	47
Other USAID Offices	2	12	6	35

n=17

Responses regarding the use of reports are summarized succinctly by the reply offered by Advance Africa, “Staff use reports for tracking progress, identifying strengths and weaknesses, and taking corrective measures where necessary.” Other uses of monitoring reports include soliciting feedback from clients; determining if activities are being completed on time and within budget; noting implementation successes for replication and possible expansion to the country level; determining whether implementation strategies and services need adjustment; taking action to improve coverage, efficiency, and quality of interventions; tracking trends at service sites; and informing decisions during the next planning cycles.

At the headquarters level, monitoring results are used as inputs to GH/PRH results reviews, work plan updates, semiannual or annual reports, reports to Missions, and award fee reports. Monitoring reports are considered by some as a means of exchanging information with CTO colleagues and keeping them abreast of project developments.

While the potential use of monitoring reports varies by audience, need, and type of data produced, one respondent remarked, “What is key is that research CAs and service delivery CAs who employ monitoring and evaluation strategies know about the need for

information and produce honest, reliable evidence in a timely and comprehensible fashion.”

### **Who are the principal users of evaluation reports? (Q 23)**

### **How are the evaluation reports used? (Q 24)**

Evaluation reports are more widely used than monitoring reports. All projects mentioned that their own organization, GH/PRH, and USAID Missions used evaluation reports (see table 10, prior page). Half of the projects mentioned that host country agencies use their reports.

Most of the service delivery and research projects reported the use of evaluation results by other CAs. Half mentioned the use of evaluation findings by other funding agencies.

Several projects mentioned additional audiences for their evaluation reports, including

- academic institutions, training centers, and schools of public health;
- government ministries;
- subgrantees or other agencies involved in the research process;
- international organizations, such as the World Health Organization (WHO), UNFPA, IPPF, CARE, and Save the Children<sup>®</sup>; and
- public health practitioners and researchers reached via articles in peer-reviewed journals.

Respondents generally agreed that evaluation reports are used to inform program strategy and activity design and to report data to GH/PRH and Missions. They are also used to identify and capitalize on program strengths, correct program weaknesses and set realistic goals, identify new areas of study, and provide guidance about best practices for replication and expansion. Evaluation findings are also used to build acceptance of and support for new family planning methods and program strategies.

Internally, projects use evaluation reports to identify areas requiring concentrated efforts and to design future work plans and budgets. Like monitoring reports, evaluation reports are often used in the portfolio review process as well as the budget request process for the upcoming fiscal year at both GH/PRH and Mission levels. As with monitoring reports, evaluation reports also serve as a means of exchanging information with CTO colleagues and partner organizations. The reports also document the methodology, results, and lessons learned from evaluations, and frequently form the basis of the communication materials produced by the projects.

One respondent noted that evaluations and special studies are always used to shape programming, and not for the sake of doing research itself. Another noted that the evaluation findings are important to add to the body of knowledge concerning reproductive health. In a related response, one project cited using evaluation reports and publications as the source of evidence for policy and program guidance. Two projects

mentioned that as clusters of work grow, evaluation findings are synthesized. In one case, a project noted that the synthesized findings are put into a policy-related framework (rather than a program focus) so that the body of evidence on particular issues is summarized for easier access and policy action.

**Has your project changed activities or altered strategic objectives as a result of routine monitoring, midterm evaluation, or performance review? (Q 25)**

Respondents all answered affirmatively and provided numerous examples of how activities and in some cases, results frameworks or strategic objectives had been altered as a result of M&E findings. In the case of Advance Africa, staff realized that some of the project's original IRs were unlikely to be achieved in the five war-torn and economically disrupted countries in which it works, so IRs were changed or deleted from the results framework. Similarly, "repositioning FP" was added to the framework, in lieu of an emphasis on sustaining quality.

HCP noted that these changes occur more routinely at the field level than at the global level. While some experienced subtle shifts, such as altering results frameworks to accommodate new activities or acknowledging changing field priorities (DELIVER mentioned increased emphasis on contraceptive security and on HIV/AIDS products), others experienced more dramatic changes. FRONTIERS, for example, mentioned that it ended its Small Grants Program when it was realized that recipients required more technical assistance than anticipated and results of research carried out by less experienced organizations did not meet quality expectations. CTR also provided the example of dropping the economics of RH from its strategic focus when it realized that almost all of its work in this area was carried out through its partnership in another project. CTR added its Research to Practice Initiative and HIV and Contraceptive Services strategy in response to ongoing monitoring of changes in the field. M&L and POLICY, although not providing specific illustrations, also noted that routine monitoring led to the deletion of some interventions and the addition of new ones.

LINKAGES redesigned technical oversight of its Bolivia program after reviewing monitoring data and hired several behavior change coordinators. CATALYST changed training strategies in both Egypt and Peru based on monitoring results, emphasizing greater use of local trainers rather than those located in capital cities. CATALYST also made changes to its postabortion care (PAC) intervention in Bolivia, making contraceptives available 24 hours a day, and involving couples, rather than women only. Several projects, including Healthy Families, Healthy Forests and IRH mentioned adding training for health workers and providers, and reorienting the role of community health workers. PRIME II mentioned redesigning self-directed learning guides to make them easier to use and more useful. YouthNet continues to refine its links with MTV and HIV/AIDS programming based on evaluation findings.

**What data generated by either project monitoring or evaluation have been most useful in demonstrating project impact? (Q 26)**

Responses to this question were project specific and generally reflected the setting and issues addressed. None of the topics mentioned reflect health impacts. They included the following:

- changes in client knowledge and satisfaction with services (outcome);
- data on improvements in provider performance or capacity (outcome);
- family planning knowledge, attitudes, and practice data (outcome);
- evidence of changes in policies, practices, and guidelines (outcome);
- data on product availability (output);
- multivariate analyses and modeling of communication impact on behavioral outcomes (outcome); and
- client service statistics, including percent of new users of new contraceptive methods (outcome).

One project summarized its response by stating that the data that are most useful in most settings concern coverage, quality, effects, and costs. Most effective are combinations of quantitative and qualitative data, together with case studies and cost data for financial plans.

**Have either monitoring or evaluation data enabled you to develop more effective replication or scale up strategies? (Q 27)**

Twelve projects provided examples of how monitoring or evaluation data helped them develop replication or expansion strategies.<sup>11</sup> Advance Africa mentioned its ACCOMPLISH model, an approach based on the use of empirical evidence and monitoring data to plan and manage programs with the ultimate goal of expanding FP services to the country level. A monitoring approach identified in Senegal was replicated in Angola and the Democratic Republic of the Congo. CATALYST found that an assessment of community-based services showed that outreach activities delivered by community workers were effective. They are now being expanded from 5 to 80 communities. IRH reported that data showing that community workers can effectively offer the Standard Days Method™ (SDM) allowed the project to consider a wider range of partners and settings for expansion to the country level. Monitoring data also allowed CATALYST to extend PAC services initiated in 4 hospitals to 13 two years later, then to 49. The program now has countrywide coverage.

CTR reported building on outcomes of earlier studies, and mentioned its expansion of the intrauterine device (IUD) in Kenya based on previous findings of declining IUD use. An interim analysis of data from a randomized clinical trial of comparative vasectomy techniques allowed the study to end earlier than planned, as it was shown that one method was clearly better than the others.

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<sup>11</sup> Several of those that did not provide examples indicated that the question was not appropriate for their project because their projects are frequently implemented at large scale from the outset (HCP); their project does not easily lend itself to expansion or replication in the conventional sense (MEASURE CDC/DRH); or that they were still in the first year of the project and as yet did not have results of evaluations or special studies (ACQUIRE).

LINKAGES received funding from the Global Forum for Health Research to extend activities in Madagascar to communities in two additional regions, based on rapid assessment procedures data showing behavior change. The program was implemented with tools and approaches already developed and quickly achieved results with less intensive staff involvement. The behavior change was similar to that documented in the original regions, providing evidence of the ability to achieve similar impact with fewer resources.

M&L cited the cases of its Virtual Leadership Development Program and its Business Planning Program. Both used the findings of after action reviews coupled with indepth evaluations to modify content and to engage participant teams. This facilitated replication and expansion. M&L pointed out that in addition to formal monitoring and evaluation activities, the application, refinement, and reapplication of technical assistance approaches also allows for a better product or process. This in turn increases the likelihood of replication and expansion independent of CA technical assistance. PRIME II noted the need for strong evidence for advocacy and to gain support for replication and expansion, reflected in their success in expanding PAC in Kenya. DELIVER echoed this, mentioning that results from the logistics system assessment tool were useful in building consensus on the strengths and weaknesses of the logistics system in Nigeria as well as on ways to move forward among the many stakeholders involved.

**Has your project conducted special evaluations of products or tools? If so, to whom were findings disseminated? (Q 28)**

The majority of projects (13) indicated that they had evaluated products or tools; ACQUIRE, newly awarded in late 2003, has several tests planned or underway. The projects cited an array of innovations, generally classified by the assessment team as approaches or methodologies, tools, and manuals or materials. Because the products are diverse and reflect the various needs and interests of the projects, they are listed individually in the table below. The assessment team did not request more detailed information about the findings of the evaluations, or whether these were new tools or refinements of existing ones. It is also not clear from the responses whether evaluation as defined by the projects meant that these tools were subject to impact assessments.

About half the projects mentioned dissemination efforts for these tools, approaches, and materials. These ranged widely, from small in-house meetings and dissemination to local staff, to very broad efforts reaching a wide audience. CATALYST, IRH, and M&L, for example, cited several instances in which their own project staff and partners were the main audiences. CTR mentioned the very broad dissemination of the pregnancy checklist, including in-country seminars; international and Washington, D.C.-based presentations; articles in the FHI publication, *Network*; FHI's web site; several journal articles; and via the Research to Practice Initiative. PRIME II and MEASURE mentioned that their tools and approaches are more widely disseminated to the international community than to local partners.

**Table 11**  
**Products or Tools Evaluated by GH/PRH Projects**

CA/Project	Approach or Methodology	Tools	Manuals or Materials
Advance Africa	<ul style="list-style-type: none"> <li>▪ Strategic Mapping</li> <li>▪ Best Practices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Performance Monitoring Tool</li> </ul>	
CATALYST	<ul style="list-style-type: none"> <li>▪ Optimal Birthspacing</li> <li>▪ Expanding Method Mix</li> </ul>		
CTR		<ul style="list-style-type: none"> <li>▪ Pregnancy Checklist</li> </ul>	
DELIVER	<ul style="list-style-type: none"> <li>▪ Logistics Indicators Assessment Tool</li> <li>▪ Logistics System Assessment Tool</li> </ul>		
FRONTIERS	<ul style="list-style-type: none"> <li>▪ Willingness to Pay</li> </ul>	<ul style="list-style-type: none"> <li>▪ WHO Contraceptive Decision-Making Tool</li> <li>▪ Balanced Counseling Strategy</li> </ul>	
HCP	<ul style="list-style-type: none"> <li>▪ P-Process</li> </ul>		<ul style="list-style-type: none"> <li>▪ <i>How to Mobilize Communities for Health and Social Change</i></li> </ul>
IRH		<ul style="list-style-type: none"> <li>▪ SDM Job Aids</li> </ul>	<ul style="list-style-type: none"> <li>▪ SDM Counseling and Training Manuals</li> <li>▪ Manual for Youth</li> <li>▪ IEC Materials</li> </ul>
LINKAGES		<ul style="list-style-type: none"> <li>▪ PROFILES Advocacy Tool</li> </ul>	
MEASURE CDC/DRH	<ul style="list-style-type: none"> <li>▪ Data Collection Approaches</li> </ul>		
M&L		<ul style="list-style-type: none"> <li>▪ Management and Organizational Sustainability Tool</li> <li>▪ Health Managers Toolkit</li> </ul>	
POLICY		<ul style="list-style-type: none"> <li>▪ Spectrum Model</li> </ul>	<ul style="list-style-type: none"> <li>▪ Advocacy Training Manual</li> </ul>
PRIME II		<ul style="list-style-type: none"> <li>▪ FP/Prevention of Mother-to-Child Transmission Integration Tool</li> <li>▪ Gender Assessment</li> <li>▪ Costs and Results Analysis</li> </ul>	
YouthNet	<ul style="list-style-type: none"> <li>▪ Peer Education Program Evaluation Instruments (in process)</li> </ul>		

## ATTITUDES REGARDING MONITORING AND EVALUATION

### **Do you believe that the monitoring your project is doing is too much, too little, or just about right? (Q 29)**

Fourteen projects responded that they were doing the right amount of monitoring; two (CI and MEASURE CDC/DRH) stated that they were doing too little, and one (PRB) too much.

Of the projects stating that they were doing sufficient monitoring, Advance Africa noted that there was room for improvement in terms of country activities. It has decided to use lot quality assurance sampling during regular supervision. Advance Africa also mentioned the difficulties in maintaining regular communication with project field staff, given the postconflict settings in which it works. ACQUIRE also stated that it would like to see additional opportunities for field staff to discuss and share information both virtually and in person. It is organizing a capacity building and information exchange meeting for M&E staff later in 2004 to address this. It is also planning to expand electronic access to monitoring data, research results, and tools.

Both CTR and POLICY made the point that while the level of effort required to monitor activities is appropriate, the level of effort needed to report results is too great. In part, this is because reporting requirements of USAID are sometimes duplicative, require different reporting periods, or require different views of the same information. POLICY also mentioned that the Office of HIV/AIDS (GH/OHA) reporting requirements are excessive given that systems are constantly changing, requiring time and resources to retrain staff to meet its high quality M&E standards. Several individuals also mentioned the burden of responding to many ad hoc requests for information, particularly if they require nonstandard queries of databases. Different reporting periods also increase workloads, with some requests requiring data from July to June and others from October to September.

PRIME II and YouthNet both mentioned the value of having a clear PMP and effective monitoring systems. While they required more effort in the development stage, usage eventually became routine. This was echoed in several of the interviews. CMS, CTR, POLICY, and ACQUIRE all stressed the value of good project database systems.

Both CI and MEASURE CDC/DRH indicated that they are improving their monitoring activities, CI through strengthening its overall conservation and outcome monitoring, and MEASURE through adopting a more standardized approach. PRB reported that it includes bounce-back questionnaires in every mailing, but that the results vary little from publication to publication. Given the amount of staff effort needed to enter and analyze the data, it thought that it could reduce the number of publications monitored without jeopardizing useful information.

### **Do you believe that the evaluation your project is doing is too much, too little, or just about right? (Q 30)**

Eight projects responded that their evaluation efforts were at an appropriate level, and eight indicated that they were doing too little.

Of the projects reporting that they did too little evaluation, comments mainly focused on the lack of funds for this type of work. Three noted the relatively adverse positions of USAID Missions toward evaluation, particularly when it is perceived as reducing the project activity budget. Two projects noted internal staffing changes that compromised early efforts at evaluation, but indicated that these had been resolved and work was again on schedule. Several projects mentioned that their CTO did not support evaluation efforts, and indicated that research should be done only by research projects. This implies a lack of understanding of the distinctions between and the complementarities of research and evaluation.

FRONTIERS indicated that projects would benefit by conducting case studies on the dynamics of research results utilization in country settings, and mentioned that it is collaborating with FHI, John Snow, Inc. (JSI) (United Kingdom), and international partners on this. CTR also remarked on the need to do more to ensure that evaluation results are used: “If evaluation includes the potential to follow up on the evaluation results, then we could easily do more.” It added that the Research to Practice philosophy is moving the organization in this direction.

CTR made two comments relative to the cost of evaluation. First, results of evaluation need to be put to use to prove that they are worth the cost. Distinguishing itself as a research CA, it noted that some of the evaluations of its efforts might best be applied by service delivery organizations. Second, the cost of evaluation needs to be weighed against the cost of conducting other activities. Do proven tools need repeated evaluations in the field, or are resources better invested in dissemination?

M&L made an observation echoed in several of the indepth interviews. Field programs need to be implemented over a period of time, generally at least 15 to 18 months, before evaluation can generate enough substantive findings to improve designs and produce lessons learned. Assuming that a project initiates most of its subprojects in the first two years of its funding cycle, the number and frequency of evaluations would be increasing in the second, third, and fourth years of a project’s five-year duration, when core funds from USAID/Washington tend to diminish. Missions often do not want field support funds used for evaluation, and as a consequence, many indepth evaluations of field-support funded programs have been supported with core funds.

It is important to note that this view that change takes a long time does not apply in all cases. Some interventions, for example, training, logistics systems, counseling, and even some media campaigns, may have an effect quickly. Sterilization programs may have an immediate impact on fertility, and HIV/AIDS treatment programs can rapidly reduce morbidity. Nevertheless, some programs may require long implementation periods before having an effect on behavior or an impact on health status.

### **What do you believe is the most useful monitoring activity for...?<sup>12</sup> (Q 31)**

Responses to this question focused on the use of several tools: service statistics, semiannual reports, and databases. Not surprisingly, several service delivery and training projects cited review of service statistics as being most useful.

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<sup>12</sup> The following four questions were inadvertently truncated on the questionnaire sent to the projects, and so the responses varied somewhat depending on the interpretation of the question by the respondents.

- Although burdensome, I believe that monitoring service statistics by site allows managers to reflect on important programmatic issues, such as how do we define our support to sites and what is going on at each of those sites...(ACQUIRE)
- Document review, review of service statistics, and field interviews and supervision visits are the most useful methodologies...(CATALYST)
- Monitoring provider performance and client service statistics are most useful when available and appropriate because they can help project managers see if projects are achieving desired objectives. (PRIME II)
- Field visits, meetings, and review of service statistics. The TA visits are the most useful because they allow for two-way exchange and timely problem solving. (IRH)

Two projects specifically mentioned the value of preparing semiannual reports. Both CTR and M&L noted that the semiannual updates force a regular reporting of progress against stated plans. The reviews encompass the entire project portfolio and include numerous staff members, permitting wide internal dissemination in the process. M&L mentioned that while the review includes updates of both core and field-supported programs, it is largely supported with core funds. While not specifically remarked upon by other projects, the assessment team suspects that this is the case for most other projects as well.

Several projects mentioned the importance of good databases in the monitoring process.

- Having an easy-to-use, regularly updated database that covers all project activities cuts way down on reporting time and helps us respond to USAID requests for information quickly. (PRB)
- Monitoring work plan activities using the KIX [Knowledge and Improvement Management Exchange] database with regular reports and feedback. The database identifies areas needing attention or where there is lack of progress toward meeting expected results, and corrective measures can be effected...(Advance Africa)

Two projects mentioned specific monitoring methodologies, including reception analysis (HCP) and performance monitoring (LINKAGES). Several mentioned more typical views of monitoring, such as identifying main activities and indicators of inputs, outputs, and outcomes of a project early on and monitoring results. Projects mentioned that monitoring activities are useful if they provide accurate, timely, and useful information to make decisions about program activities as well as ongoing improvements. A few projects also mentioned that monitoring should always be based on valid measures.

### **What do you believe is the most useful evaluation activity for...? (Q 32)**

The responses of the projects clustered around evaluation processes and evaluation tools specific to their own project. In some cases, responses appeared to refer more to monitoring than evaluation, reinforcing the assessment team's perception that confusion between these terms exists within several projects.

Evaluation processes that were mentioned include

- qualitative assessments using interviews with recipients of technical assistance (both individuals and NGOs);
- the annual rapid assessment procedures, as it allows midcourse corrections as needed;
- a balanced use of qualitative and quantitative data collection methodologies;
- semiannual updates to project reports (the most useful source document for evaluation);
- standard data collection across projects to allow comparisons; and
- baseline and endline data.

Other projects focused on tools or methods particular to their unique needs. Among those mentioned were

- interviews with providers and clients, simulated client studies, and community surveys;
- frequency and reach assessment;
- data on provider performance and client service statistics;
- the logistics indicators assessment tool, proven useful to inform clients of product availability and factors that affect it; and
- sentinel sites program, service statistics, and observation checklists for quality of care along with exit interviews.

Several of the projects noted that useful activities are those that enable accurate and informative results reporting over time and comparison of achievements with objectives. Data need to be accurate, timely, and useful. It is best if evaluation results and the knowledge gained are used by the client organization, project, USAID, and larger international community. One respondent remarked that “Having an ‘E’ activity identified early on seems to help the implementers of an project to ask ‘so what’ type questions....[and] to think about the possible effects/impacts on a longer term basis.”

**What do you believe is the least useful monitoring activity for...? (Q 33)**

Four projects (CATALYST; Healthy Families, Healthy Forests; DELIVER; and M&L) indicated that all monitoring activities are useful, with the caveat that the information collected need to be used in making decisions for the direction of project activities. Data need to be accurate, useful, and timely.

One project cited indicators being imposed from external sources, rather than recognizing the unique environment of the country in question, as being least useful. Another project (CTR) mentioned that the entry of its HIV-related activities into the Synergy and GHRD databases serves no purpose to the CTR program itself, although their potential value to USAID and others is recognized. Those systems are not well known within CTR, and the same information is more readily accessible and more complete in FHI's own reports and databases. These are perceived as an additional reporting requirement rather than a potentially useful monitoring activity. YouthNet also noted that the cumulative reporting requirements (monthly updates, quarterly portfolio reviews, semiannual reports, accomplishments as part of the work plan, and entries to FHI's electronic information system) take time to prepare and are thought to take time away from project implementation.

Several projects mentioned specific monitoring methods as being less useful: review meetings, focus groups and qualitative studies that provide a picture at only one point in time, and tracking people trained without tracking performance or outcomes.

#### **What do you believe is the least useful evaluation activity for...? (Q 34)**

Three projects (ACQUIRE, CATALYST, and Healthy Families, Healthy Forests) thought that all evaluation activities are useful, although CATALYST noted that there is a need to select and set priorities for activities to be evaluated. DELIVER reiterated its position that evaluation is not useful if it takes too long to complete, does not measure variables of interest to stakeholders, and if the design does not ensure valid and reliable results. M&L commented that evaluation simply to demonstrate that a CA is "doing its job" is not the best use of scarce resources.

Three projects also mentioned specific evaluation methods as less useful for their work. Advance Africa noted that large-scale baselines usually lead to paralysis, and that projects need to rely on more effective tools (such as strategic mapping) to lead to action. HCP noted that randomized control trials have limited value for anything other than small-scale pilot tests, and that they are inappropriate as methods for evaluating full coverage of health communication programs. HCP suggests that propensity scores are a useful alternative method. IRH advised that relying only on quarterly reports (of service statistics) is of limited use as the reports lack a qualitative dimension to describe program context.

PRIME II remarked that stakeholder evaluation of project accomplishments has not been useful in comparison with stakeholder input to the design phase. This perception is based on the lack of requests for this information from USAID/Washington in results reviews and other reporting requirements.

#### **How appropriate do you feel the current financial commitments to M&E are in your project, relative to other areas of programming and the benefits obtained from M&E? (Q 35)**

Eleven respondents confirmed that current financial commitments to M&E are appropriate relative to other areas of programming, while six felt that these levels should be increased.

CATALYST noted that either funding for M&E should be increased or “ad-hoc requests for special reports” decreased and remarked that the level of effort headquarters staff had to exert to meet different reporting requirements took away from the time and effort it could spend on evaluation activities.

Both POLICY and MEASURE CDC/DRH mentioned the need for a fixed line item for M&E. POLICY stated that it would benefit from a line item that is explicit and relatively constant from year to year. It notes that the distinction between M&E, quality assurance, and overall project administration is not always clear. Some country budgets do not provide specific line items for M&E activities or technical assistance. Similarly, MEASURE CDC/DRH wrote that while M&E activities are assumed to be part of its participating agencies service agreement (PASA), its work plan has no line items for M&E. Under its new work plan, CDC plans to collect data on cost, time, and staff burden associated with M&E implementation and assess the utility of the data collected.

DELIVER and PRIME II conveyed different perspectives about field support for evaluation. DELIVER reported that in most cases, Missions had been willing to spend resources on logistics assessments, and that it has been able to complement field support with core funds when needed. PRIME II found that M&E is sometimes undervalued at the Mission level, especially when field support funds are needed. It also notes that at times, some USAID/Washington audiences want large amounts of data and very rigorous research designs that would be expensive and time consuming to implement. In a related comment, YouthNet suggested that it would help to have guidelines that specify the percentage of funds that should be set aside for M&E. Without commitment at the project development phase, it remains a challenge to find resources needed for evaluation.

HCP suggested that additional resources should be allocated to research if a project is moving into new topic areas or developing new intervention approaches, while less is needed if the topic or approach is well known. M&L underscored that increased resources will be required if the project has to strengthen the capacity of clients to collect and analyze data to improve their own performance and decision-making. It offered the specific example of the President’s Emergency Plan for AIDS Relief indicators that require a well-developed management information system in client organizations. To respond to these requirements and to strengthen the capacity of organizations to use their own data, additional U.S. and field-based staff will be needed.

FRONTIERS pointed out that USAID is recognized internationally for producing citable experiences in development. While this is in part a result of Congressional oversight requirements, it has led USAID and its collaborating agencies to make sound investment decisions. To retain leadership in FP and RH, USAID needs to continue to invest in M&E.

**In your project, has M&E saved money or improved performance? (Q 36)**

Projects were about equally divided in reporting that M&E had both saved money and improved performance, or improved performance alone. Most of the projects indicated that they could not quantify the amount of savings; perceptions were based on the discontinuation or reorientation of activities that were found to be not performing to expected standards. For example, M&L reported that both specific activities and core-

funded themes were dropped when they did not achieve expected results. Application of the after action review methodology to such standard processes as routine reporting to USAID/Washington and work plan development has led to efficiencies and savings of time and money. YouthNet also wrote that the use of M&E findings in periodic review meetings has led to modifying, establishing priorities for, or canceling of subprojects.

CMS stated that it never measured whether M&E saved money; PRIME II also noted that it has not directly measured the financial impact of M&E on project activities. MEASURE CDC/DRH could not assert that M&E had saved money, but reflected the position of most projects in stating that failure to undertake basic monitoring would have adverse consequences for program and project activities. HCP noted that it was not sure how to quantify the added value of the effective use of research in preventing waste and improving decision-making.

Several projects offered specific examples of instances in which M&E improved performance. Advance Africa reported that M&E data allowed the project to respond quickly to Mission requests, and that data have been used to document progress and advocate for the repositioning of FP programs in the Democratic Republic of the Congo and Mozambique. CATALYST mentioned using M&E data to redirect training programs and to provide PAC services.

FRONTIERS mentioned its earlier work in documenting the difficulties with syndromic management of STIs as saving resources, and allowing USAID to redirect funding priorities in the area of infectious diseases, including HIV/AIDS. Work on the development of PAC models has produced demonstrable cost savings on maternal health in settings where USAID supported implementation of improved models of care. Models for the integration of FP and HIV/AIDS prevention and treatment offer promise for both improving care and reducing program costs, while also reducing unmet need.

IRH indicated that M&E activities have identified problems with provider competency, instances where providers were not following protocols, stock outs of materials and supplies, provider biases, and low awareness of SDM among target populations. LINKAGES has used data to document statistically significant changes in breastfeeding behaviors, and attributes both its five-year extension and Mission field support to the behavior change it documented.

Interestingly, LINKAGES was the sole project to mention having conducted cost-effectiveness analyses. These reinforced the advantages of having local hire M&E staff, both in terms of cost and documentation of results. They have also used cost-effectiveness analyses to document the behavior change approach it uses.

### **Cooperating Agency Recommendations (Q 37)**

While not all projects offered responses to these optional questions, a number of suggestions were made.

### **Improvements to M&E Systems: Field, Project and Global Levels (Q 37a)**

Responses to this item clustered around two topics: frameworks and indicators, and reporting requirements.

Projects recommended involving technical staff at both the global and country levels in developing M&E plans, and some felt that stakeholders should be involved in developing indicators. Country M&E frameworks need to be linked with global M&E plans and results frameworks to ensure that country data can be aligned with results at both levels; however, a core set of indicators for use at both the country and global levels may not be sensitive or flexible enough to pick up all activities in all country projects. There is a need to standardize indicators and reporting requirements in response to the proliferation of M&E systems at different levels of USAID, the field, and within organizations, without sacrificing the flexibility of programs to apply indicators that address varied program needs and realities.

Keeping monitoring and evaluation systems simple will improve reporting rates, data accuracy, and timeliness. Effective systems take time, money, and ongoing review to remain sensitive to the needs of various stakeholders. Advance Africa suggested that innovative ways are needed to use existing country data for monitoring and evaluation. Qualified M&E staff is essential for maintaining and refining systems throughout the life of the project and to provide technical assistance to local staff and Missions.

One project pointed out that the results of evaluations of bilateral programs and CAs' work with other funding agencies need to be better shared and more accessible. Missions rarely contribute reports to CDIE. Evaluation information is often ignored or hidden, as it becomes another project deliverable, rather than a tool to check development priorities.

#### Selection of Evaluation Topics (Q 37b)

Several projects noted that the selection of M&E topics should be driven by local program and USAID Mission needs and USAID Strategic Objectives. Stated differently, topics need to be relevant to stakeholder needs at all levels. Topics should not be chosen by researchers alone. To be useful, the input of people who know the program is required. Program managers know what they need to make better programming decisions, and so are in a position to develop useful evaluation questions.

One project advised investing in the indepth evaluation of those programs that will yield the greatest benefit to the client, the program, and USAID in terms of documenting the effectiveness of technical assistance approaches used, results achieved, and lessons learned. Another emphasized a shared view that not all activities merit impact evaluations, and noted that criteria should be established to determine which activities should have impact evaluations and which should not.

#### Cost and Cost-Benefit of Monitoring and/or Evaluation (Q 37c)

Responses to this topic were varied and considered the issue from several perspectives: the need for M&E budgets in projects, the cost of evaluations, and the benefits derived from having good data, regardless of cost.

CMS suggested that USAID require all projects to track the costs of monitoring and evaluation and to report them annually. Advance Africa added that all projects should have a dedicated M&E budget, while YouthNet suggested that it would be useful to

develop a set of guidelines specifying that once subprojects exceed a certain level of funding, they should include an evaluation component.

DELIVER indicated that keeping evaluation costs reasonable minimizes potential resistance among program planners. FRONTIERS commented that the costs of evaluation should be monitored, but it is more important to consistently include cost elements in program planning. The project noted that as demand for scarce resources increase with an ever-larger target group and reduced donor funding, the need for costing information for financial arrangements will become more acute.

Several projects expressed a belief that good M&E is almost always useful, regardless of cost. Comments included:

- The benefits of a good M&E system outweigh the costs.
- Research integrated with program activity is almost always cost-effective.
- M&E is part and parcel of effective program management....As long as the information generated by the effort is being used, there is a benefit to go along with the costs incurred.
- What gets measured gets done. There is value to evaluating even if it has substantial cost, as it may inspire FP/RH program staff to work hard and improve performance in areas of greatest need.

#### Methodologies and Data Production (Q 37d)

Several projects noted the need to keep methodologies simple and appropriate to the evaluation scope and variables being measured. Use low-cost and less time-intensive data collection methodologies and systems, and a balance of quantitative and qualitative methods. Using a well-designed system with minimal changes over the life of the project ensures greater compliance with reporting. For data production, use formats that are acceptable and appeal to decision-makers.

Reliable, timely, and affordable methodologies continue to be developed. Standardization of questions and instruments for similar or equivalent activities in different country programs are advisable. The adaptation of existing instruments should be a first consideration. MEASURE Evaluation should continue to provide backup as a clearinghouse for methodologies and tools.

Data quality needs to be ensured. In some cases, it may be feasible to work with a local firm for data collection, but several projects noted problems with local firms generating program reports. Too often they do not understand the program well enough to write reports in a way that either program managers or USAID can appreciate.

#### Utilization (Q 37e)

Responses to this question generally focused on the importance of the early engagement of stakeholders in monitoring and evaluation to ensure their ultimate use of findings, and on the appropriate dissemination of results to ensure that program planners and managers are aware of them.

At a basic level, it is important to instill a culture of using M&E data for program planning and decision-making among managers. Data need to be timely to be used in decision-making. As one respondent noted, “Good M&E results provided on time to program managers are better than perfect M&E data arriving late.” Engaging stakeholders in the design and implementation of evaluations also helps ensure that results are considered when planning future intervention phases. M&E design should be based on the decisions that managers routinely make and the data needed to make those decisions effectively. Both positive and negative M&E results need to be taken into account to shape program decisions. Additional technical assistance may be required at the country level to improve the incorporation of M&E results into project management.

FRONTIERS emphasized that the focus on utilization requires both a better understanding of the local policy environment, the capacity and resources for follow up, and replicating and expanding programs. It also demands a greater degree of collaboration among a range of partners, and ensuring the availability of evaluation results through large e-networks (e.g., the Global Health Network and Development Gateway). Multiple channels need to be used to disseminate lessons learned, from personal interaction and publications to web-based strategies.

CTR noted that in many cases it is difficult to measure the use of research results, and suggested that it would be helpful if service delivery CAs were asked periodically, perhaps during the annual Results Review, to indicate what, if any, research results they had recently adopted or applied in their programs.

#### Diffusion of Innovative Technologies (Q 37f)

While one project conveyed the point of view that “simple, high quality tools will diffuse naturally in the CA community if there is demand for their use,” another indicated that an effort needs to be made to see results move into practice. Initial investments in adopting new ways to follow up on and diffuse results can yield a significant return, often in countries or sites beyond the location of the original intervention or research.

M&L remarked that diffusion or dissemination of new approaches is not sufficient; potential users need to see the benefit of taking up a new technology. It needs to be cost-effective, easy to apply, responsive to a felt need, technically sound, and adaptable to a variety of conditions. In addition, users need to be encouraged to use data and methods that exist, rather than to begin anew. Endorsing the latter point, DELIVER noted that tools and accompanying documentation should make clear that tools or methods may be freely used by anyone. Tool formats should be easy to adapt by organizations to meet their specific needs.

HIPNet<sup>13</sup> was cited as having the potential for doing a good job in diffusing innovations and tools. YouthNet mentioned the need to share experience and instruments, and suggested that USAID should have a significant role in supporting this.

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<sup>13</sup> HIPNet is a partnership that addresses a key public health need for access to technical health information and innovative information technologies that strengthen the performance and sustainability of health care programs, organizations, and services around the world.

### Replication and Scale-Up (Q 37g)

Several projects pointed out that while it is essential to identify activities appropriate for replication and expansion, evaluation findings alone are not sufficient. Other factors come into play in the process of expansion, including advocacy and leveraging efforts, which are enabled by having good quality and appropriate information. Buy-ins from key stakeholders is essential at all levels of the system, and while time consuming, developing ownership is an important investment. Partner organizations need the capability and capacity to expand, and can be supported with job aids and tools. Continued technical assistance is often required, and pilot results may not be sufficient to guide effective replication and expansion to the country level.

A participant at the CA meeting pointed out the need to assess the expansion process. The introduction of a proven intervention requires steps that may vary from country to country.

### **SUMMARY**

The responses provided to the self-assessment questionnaire, together with the findings of the indepth interviews, made it clear that there is remarkable consensus among the projects on the value of monitoring and the need for evaluation, especially of project interventions. Projects use similar methodologies when carrying out monitoring and evaluation, and they use similar formats and dissemination channels to convey evaluation results. Monitoring is largely viewed as a process internal to the project and essential for good management both at the field and headquarters levels. Monitoring is largely determined by the project work plan, while evaluation is often determined by the results framework. Decisions about evaluation are jointly made between project staff and USAID as well as local counterparts.

Virtually no conclusions can be drawn about the allocation of M&E funds, other than that there is no evidence that USAID/Washington disproportionately underwrites specific country evaluations. Many examples were provided of field support being used for large-scale evaluations as well as occasions when core funds were used to investigate innovative interventions or to augment field support to ensure a larger sample size or more technical support from U.S.-based personnel.

Strong consensus emerged on methodologies used for both monitoring and evaluation and the rationales driving their selection as well as for dissemination products and audiences. Projects identified a number of M&E tools they used, many unique to their particular needs. The assessment team did not have the opportunity to examine and assess all tools named and suggests that if there is interest, this could be a separate study.

Many of the projects noted that they had sought formal or informal assistance from the research projects in tackling monitoring or evaluation efforts, including FRONTIERS, CTR, and MEASURE.

As anticipated, monitoring results are used to track progress and to take corrective action as needed. Evaluation results are used to modify project strategies and to report to USAID. They are also used to identify new areas of study and to provide guidance about

replication and expansion. Many examples of changes driven by the findings of M&E were provided.

Generally, projects believe that they are carrying out a proper balance of monitoring activities, although concern was expressed about the burden of reporting. Several projects indicated that they would like to conduct more evaluation than they do currently.

## **IV. KEY ISSUES AND LESSONS LEARNED**

### **MONITORING IS ESSENTIAL BUT NEED NOT BE EXCESSIVE**

CAs, CTOs, Missions, and GH/PRH all agree that monitoring is essential. As one respondent stated, “Please do not take away my monitoring.” Without it there would be no way to determine whether activities were being carried out as planned. But many CAs and CTOs believe that currently there is too much monitoring or too much required reporting. For some projects, the level of effort that is now put into preparing monitoring reports is excessive and takes away from time that could be better spent on program implementation and evaluation.

It appears as if the strong emphasis on putting into operation all phases of performance and attaching measurable indicators to activities has caused many projects to collect an excessive amount of monitoring data, particularly at the subproject level. The development of every M&E plan or PMP should include a critical review of data needs and an accurate assessment of how data will be used in order to collect the least number of indicators.

Unless checked, monitoring will use the resources needed to determine if the activities being monitored make any difference. That would leave questions concerning outcomes and impact unanswered. Thus, something needs to be done to reduce the quantity and frequency of monitoring, especially monitoring reporting. An example would be the indicators required by various managers and stakeholders. Are all of these indicators really essential? Are they being used? Can they be reduced and reported less frequently (e.g., annually)? This is an area where discussions between CAs and USAID (GH/PRH and Missions) are needed to determine how to monitor essential indicators without requiring an excessive amount of information to be reported.

### **EVALUATION IS NEEDED BUT DOES NOT HAVE TO BE EXTENSIVE OR EXPENSIVE**

There is general consensus that only measuring outputs is insufficient. This is a monitoring exercise, which, while important, does not answer the questions concerning outcomes and impact. Many CAs and CTOs want to see more emphasis on outcome and impact evaluations. They want to know whether the interventions that they implement have any effect on the use of FP/RH services, the use of contraceptives, and eventually, fertility and health.

There seems to be some resistance to this from some Missions and CTOs. As noted already, some think that evaluation is too complex, takes too long, and costs too much. Some believe that evaluation is sophisticated research and should not be conducted by capacity development and service delivery CAs. Rather, this type of research should be conducted by research CAs and funded with core money.

However, there is much support from other CAs and CTOs who believe that additional evaluation needs to be conducted if USAID is going to maintain its leadership niche in the delivery of effective FP/RH services. USAID cannot demonstrate that programs that it funds work if there are no evaluations.

Both views are valid. For example, it does not make sense to evaluate the outcomes of small, short interventions and subprojects unless they are promising innovations that could be replicated if they are shown to be effective. At the CA workshop, several participants suggested that GH/PRH and Missions need to be “strategic” in what they choose to evaluate. The most important, high impact, potentially replicable and expandable interventions may be the ones that most need to be evaluated.

The field of evaluation has evolved during the past two decades; new techniques for data collection and analysis are making it possible to conduct evaluations more rapidly and less expensively than previously. Cluster samples, rapid surveys, case studies, modeling, and qualitative methods are examples. Many of these methods do not require large-scale data collection using lengthy survey instruments. USAID and the CAs need to make the case for rapid assessments and small-scale evaluations to Missions and stakeholders, especially outcome evaluations of key interventions that are designed to bring about behavior change. They also need to make the case for incorporating evaluation in all program efforts.

There is also a need to revise the external team evaluations that some CTOs note often produce superficial results and that are ignored. There are ways to strengthen this type of evaluation, for example, collecting and tabulating output and outcome data before the team arrives, undertaking abbreviated case studies of efforts to achieve key results, adopting investigative reporting techniques, and triangulating information (i.e., asking the same questions of multiple, independent sources).

## **LINKING PROJECT AND CA STRATEGIC AND RESULTS FRAMEWORKS IS IMPORTANT**

It seems clear that there is a need to show how all USAID projects contribute to improved services and health. That means that a link has to be shown between each CA’s project and the overall outcome and impact objectives of the Agency. But this is not being done.

Currently, the CA projects have a linear structure in their strategic and results frameworks. Each one is independent of the other. There is little or no relationship shown in the frameworks between logistics and services or research and training. No links are shown between the CAs’ SO and IRs, GH/PRH’s SO and IRs, and the Agency’s overall goal.

This is a major conceptual problem, but it is not difficult to solve. Most if not all CAs know that their work is not isolated but part of a larger overall system that links their subsystem to others. For example, one CA specializes in training providers, another in research on better ways to do things, and another in logistics. They understand their interdependency, but conceptually they are seen as completely independent of one another, each one supposedly affecting an outcome of use of services and an impact on health. There is a need to view the CAs, Missions, and GH/PRH as well as NGOs, governments, and private sector organizations (or what they do) as interrelated activities or subsystems, all of which are directed toward the achievement of a common goal.

**Figure 1**  
**Integrated RH Subsystems**

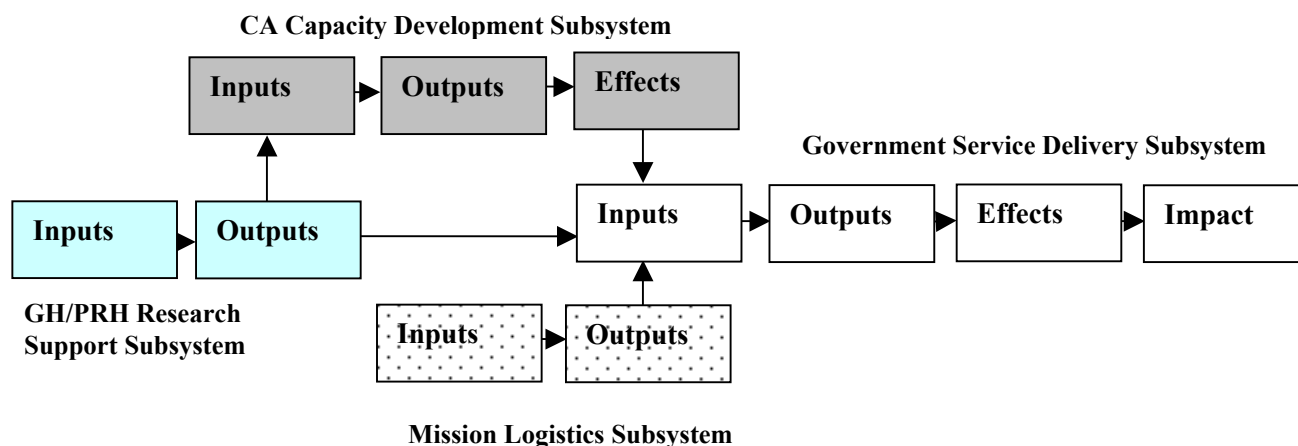


Figure 1 diagrams this concept in systems terms. In this example, there are four subsystems: capacity development, service delivery, logistics, and research. Funding from USAID allows a CA to assemble inputs (staff, equipment, procedures) for a capacity development subsystem that provides training to providers (output) who gain skills (effects) in providing quality care. This skilled staff is, in turn, one of many inputs to the service delivery system along with contraceptives, provided in this example by the Mission’s logistics subsystem. Other inputs come from GH/PRH research projects, such as new quality assurance procedures.

In the government’s service delivery subsystem, these inputs are all combined to provide quality services (outputs) that are used by clients who become contraceptive users (effects), which ultimately results in fewer unintended pregnancies and improved health (impact).

This linking of subsystems demonstrates how GH/PRH, the Mission, a government agency, and a CA contribute to the overall goal of reducing unwanted pregnancies and improving health.

This conceptual framework can be rotated counter clockwise 90 degrees and then translated into a Results Framework where each subsystem has its own Strategic Objective and IRs, where one SO feeds into another, and where all SOs contribute, directly or indirectly, to the overall objectives and goals of the Agency. Appendix D illustrates how this subsystem concept can be used to develop an integrated Results Framework.

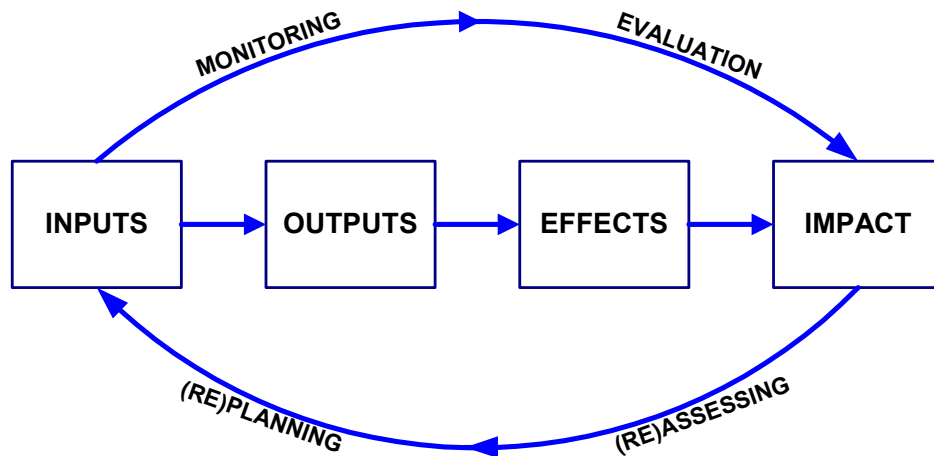
## **ADOPTING A MANAGEMENT INFORMATION CYCLE**

All but a few CAs view M&E as the essence of their management information systems. Few look at M&E as parts of a larger MIS. A complete MIS would include

- needs assessment (identifying problems and gaps),
- planning (modeling solutions and setting targets to meet needs),
- monitoring (to ensure activities are carried out according to plan), and
- evaluation (to determine if outcomes and impacts fill needs).

By conducting a needs assessment, programmers can identify gaps that need to be filled. By selecting interventions to meet those gaps, programmers can state clearly their objectives. By monitoring activities to ensure that the plan is being followed, programmers know whether they are on track. By evaluating the outcomes of these activities, programmers know whether they have filled the needs or not. The cycle continues as current needs are assessed, planned interventions are modified, monitored and evaluated, and so on. Figure 2 shows how these four information stages are related to one another in a continuous cycle of management information.

**Figure 2**  
**Management Information Cycle**



This continuous cycle of information generation and use is the foundation of good management. It is common practice in the private sector and can be readily adapted by CAs working in population and reproductive health. By following this management information cycle, programmers can keep track of their progress toward their objective.

## **MEASURING QUALITATIVE RESULTS: SELECTING INDICATORS**

All of the basic, core GH/PRH outcome and impact indicators (total fertility rate, contraceptive prevalence, birthspacing, and age at first birth) directly measure what USAID is trying to achieve. However, a number of SOs, IRs, and their indicators are qualitative and do not directly measure achievement. Examples include such abstract concepts as leadership, policy change, and advocacy. These are very difficult to measure because the indicators are at the lowest level of the measurement scale—nominal.<sup>14</sup> All that can be done is to count the incidence of such measures (e.g., number of journal articles published, number of leaders trained).

According to the organizational literature, indicators drive performance. Faulty indicators can be dysfunctional if they direct effort away from the intended objective and focus it on easy-to-measure but meaningless activities. For example, if leadership is

<sup>14</sup> There are four levels of measurement scales: nominal, ordinal, interval, and ratio. See Appendix F for details and a description of what can and cannot be done with each type of measure.

measured by the number of partnerships developed, then staff will develop partnerships. There is no assurance that a particular number of partnerships will reflect leadership in anything except the generation of sufficient partnerships to satisfy USAID expectations.

There is a need to develop alternative methods for assessing performance of qualitative results. Options include the elimination of weak indicators and the substitution of evidence-based narratives that demonstrate how and how much progress has been made in achieving qualitative objectives. Scales, indexes, and careful case studies are other examples of alternative approaches. Although there are qualitative indicators in several manuals, it is not known how many have been validated.<sup>15</sup> Rather than choosing such indirect indicators as articles written or tools developed—which can easily distort program effort—it would be better to avoid such indicators and rely on qualitative analyses or case studies of the activities and interventions undertaken to achieve stated results.

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<sup>15</sup> See Bertrand et al.

## **V. RECOMMENDATIONS**

### **STANDARDIZE M&E CONCEPTS AND TERMINOLOGY**

There is much confusion within USAID and among the CAs regarding the distinctions between monitoring and evaluation and the meaning of such key terms as outcome and impact. USAID should take the lead in standardizing M&E concepts and terminology. A CA working group could be formed to work on this with USAID. The current revision of the M&E curriculum (in progress by MEASURE Evaluation) could be a vehicle for educating and training CAs and CTOs in M&E.

### **APPLY A SYSTEMS APPROACH TO STRATEGIC AND RESULTS FRAMEWORKS**

Currently, the CA projects have a linear structure in their strategic and results frameworks. Each one is independent of the other. There is a need to view the CAs (or their projects) as interrelated activities or subsystems, all of which are directed toward the achievement of a common goal. (Figure 1 illustrates how this could be visualized.) This conceptual framework can then be translated into a Results Framework where each subsystem has its own SO, most of which would feed into the achievement of another subsystem's SO. (This was illustrated in figure 2.)

### **PROVIDE TRAINING TO CAs AND CTOs IN M&E, ESPECIALLY IN QUICKER AND LESS EXPENSIVE EVALUATION**

The M&E curriculum mentioned above also provides an opportunity to educate CTOs, CAs, and their field staffs on efficient monitoring systems as well as simple evaluation procedures. CTOs and CAs need to learn that every evaluation does not need to be a multiyear, expensive, quasi-experiment. There is a pressing need for small, quick, simple, inexpensive evaluations, especially of key interventions, to determine what works and what does not work in terms of behavior change. Additional consideration could be given to rapid surveys, cluster samples, qualitative case studies, and modeling, for example. External evaluations should be strengthened as well. This could be done by collecting and tabulating output data before the team arrives, undertaking abbreviated case studies of efforts to achieve key results, modeling of alternative solutions, and triangulating information (i.e., asking the same questions of multiple, independent sources). USAID also bears responsibility for writing appropriate, critical, and feasible scopes of work, with adequate time and professional resources allocated.

### **BUILD EVALUATION, ESPECIALLY OF OUTCOMES, INTO ALL PROJECTS AND REDUCE MONITORING REPORTING BURDEN**

USAID, CTOs, Missions, and CAs need to see evaluation as an integral part of a management information cycle that begins with a needs assessment and ends with an evaluation to determine if needs have been met. In this way, M&E will be built into all projects and will become an integral part of management information, not a separate luxury. Whereas evaluation is underemphasized, monitoring seems to be overemphasized, especially time-consuming monitoring reporting. USAID and the CAs

need to carefully examine these reporting requirements, including the unmandated requirements and ad hoc requests. Monitoring at all levels should be limited to those indicators that are used.

### **DEVELOP QUALITATIVE INDICATORS FOR GH/PRH SOs/IRs**

Monitoring and evaluation of qualitative results is very difficult. USAID and the CAs have often selected weak indicators (number of tools developed, number of partnerships made) that can actually direct staff effort away from the project's objectives. There is a need to develop alternative methods for assessing performance of qualitative results. Scales, indexes, and evidence-based case studies are examples. This is an issue that could be addressed by an M&E working group and included in the new M&E curriculum.

### **FACILITATE EXCHANGE OF EVALUATION MODELS AND RESULTS AMONG CAs**

The principal audiences for M&E are the projects themselves, Missions, and GH/PRH. There is some informal exchange of information among the CAs themselves but much less than there could be. Most CAs make their results and evaluation methods available on their web sites, but this is a passive form of exchange. An active M&E working group would be one way to expand discussions on models and results.

### **REQUEST THAT CAs REPORT ON ADOPTION OR APPLICATION OF RESEARCH RESULTS**

It is difficult for research CAs to track the use of research and evaluation results. Service delivery CAs should be asked during the annual Results Review to indicate what, if any, research results they had recently adopted or applied in their programs.

### **TEST VALIDITY AND UTILITY OF M&E TOOLS DEVELOPED BY CAs**

The respondents identified an array of tools, approaches, manuals, and materials that they used or developed for M&E. However, it is not clear that all have been rigorously tested and validated. Using the compiled list, it should be determined which tools have been tested. Those that have not previously been validated should be field tested and documented.

### **ALLOCATE ADDITIONAL FUNDS FOR EVALUATION**

Although this assessment was unable to determine the amount of funding that is being used for M&E and the amount that should be used, it is clear that more funds are being used for monitoring than is necessary and less on evaluation than is needed. USAID/Washington, the Missions, and the CAs need to realize that evaluation is a necessary investment if they want to make sure that they are achieving results. Evaluation is needed to determine whether interventions are effective or not as well as to determine whether an intervention should be replicated or not. USAID is recognized as a world leader in field interventions as well as M&E for decision-making. To maintain that position it will have to document what works, what does not work, and why. It will need

to invest in new, more efficient, and more accurate approaches to M&E, which will require a greater—not a lesser—investment in evaluation.

## **DEVELOP CRITERIA FOR WHAT TO EVALUATE**

Missions and CAs need guidance on what should and should not be evaluated, especially with respect to outcomes and impacts. A number of criteria have been suggested, including the size of a project's budget, the size of the target population, the strategic importance of the project and/or its interventions, and whether an intervention has already been evaluated. This is another topic that could be assigned to a working group to undertake.

## **APPENDICES**

**A. Scope of Work**

**B. Persons Contacted**

**C. Core Funding for Monitoring and Evaluation**

**D. Example of an Integrated Results Framework**

**E. Project Web Sites and Tool Addresses**

**F. Measurement Scales**

**G. References**

## **APPENDIX A**

### **SCOPE OF WORK** (from USAID)

# **ASSESSMENT OF MONITORING AND EVALUATION EFFORTS IN PRH-MANAGED PROGRAMS**

## **SCOPE OF WORK**

### **I. Background**

Each fiscal year, the Bureau for Global Health's Office of Population and Reproductive Health (PRH) invests in monitoring and evaluation (M&E) through its cooperating agencies (CAs). The rationale for conducting M&E activities is to collect and analyze data to improve program performance and effectiveness, assess progress toward programmatic impact, identify best practices for replication and scale-up, and report to the Agency, Congress and other stakeholders. It is often unclear how well CAs' M&E efforts align with these purposes, however, and questions remain regarding how monitoring and evaluation information is used by the organization itself or the larger CA/USAID community. Although the level of investment varies from CA to CA, overall M&E investments are about 10 per cent or so of core budgets and the amount, when added up across CAs is substantial. The Office of Population and Reproductive Health needs an objective assessment of the usefulness and benefits from M&E investments in order to guide future efforts and ensure that the investments in M&E produce useful results for programs.

From 1995 to 2003, the Office of Population and Reproductive Health's Strategic Objective (SO) was: Increased use by women and men of voluntary practices that contribute to reduced fertility. (See Attachment 1 for the SO and IR statements.) Because this SO did not accurately reflect the role of the Office and Bureau, PRH proposed a revision of its strategic framework that was approved in 2003. The core funding investments made by the Office of Population and Reproductive Health are now directed to achieving its Strategic Objective (SO1) and its Intermediate Results (IRs), as follows:

SO1: Advance and support voluntary family planning and reproductive health programs worldwide

IR 1: Global leadership demonstrated in FP/RH policy, advocacy and services

IR2: Knowledge generated, organized and disseminated in order to advance best practices

IR3: Support to the field to implement effective and sustainable FP/RH programs

As noted above, the new SO statement and the IRs better reflect the long-standing roles of the central, technical Bureau and Office. Consequently, the indicators and approaches used by CAs in monitoring and evaluation should be more compatible with the new SO and IRs than the preceding SO and IRs. Many projects have their own strategic frameworks that define results for their specific activities and have developed various approaches to implementing M&E. The CA frameworks, indicators, and M&E approaches should contribute to those used by the PRH to measure overall progress towards the new SO1 and its IRs, and be relevant and feasible programmatically and financially.

## **II. Purpose of Evaluation**

The purpose of this evaluation is to assess how M&E is currently being conducted by selected CAs supported by PRH and the extent to which these activities and/or the information generated are contributing to measuring progress toward achieving the PRH Strategic Objective and IRs.

More specifically, the objectives of this evaluation are to:

1. Identify and document how CAs are implementing monitoring and evaluation activities within their projects.
2. Identify and assess how the information generated by M&E efforts is being used to benefit projects and PRH.
3. Assess whether the funding for M&E is appropriate and whether the funding is being used for the most cost-effective and useful M&E efforts.
4. Make recommendations that will help PRH invest in the most useful and cost-effective M&E activities and approaches in its projects.

## **III. Questions to be Addressed**

The following is a list of priority questions that the evaluation team should address. The team should take into account how the responses to the questions may vary by the type of instrument, cooperative agreement or contract.

### **Monitoring**

1. What are CAs currently including in their basic M&E plans/efforts? How do CAs set priorities among M&E activities and approaches? When selecting approaches or a system for monitoring activities how is the decision made? To what degree is its cost considered in relation to the anticipated results?
2. What information is actually produced from the M&E efforts of the CAs? How is the information used? Is it used internally? Is it shared with other organizations? Routinely? In what situations? Is it shared with PRH and/or field Missions?
3. What activities are being monitored by M&E approaches/systems? Core-funded activities only? Field support funded activities? If field support-funded activities are being monitored, is the M&E funded by core or by field support? What is the role of the CA, if any, in M&E for Associate awards?
4. How is the monitoring information that is being collected useful to PRH? Is there information that is collected only because it is required by PRH?

## **Evaluation**

5. How much effort and funding are CAs putting into conducting more focused/specialized evaluations, both in relation to routine monitoring and to other programmatic efforts? What kinds of results are they seeking?
6. What is done with the results of such evaluation studies? Are they used internally? How? Are they shared with other organizations? If they are shared, how?
7. How are evaluation results useful to PRH? Are the studies aimed at answering questions of importance to PRH?

## **Lessons Learned/Future Directions**

8. What innovative approaches, strategies or technologies stand out as noteworthy and/or have proved to be particularly effective?
9. How appropriate is the current financial commitment to M&E in relation to:
  - the financial commitment made to other areas of programming
  - the benefits that are being obtained from the results
10. Are there ways to improve the usefulness of M&E approaches and information and/or reduce the costs of M&E? If so, what are they? What are some alternative approaches to M&E that might be considered and how might they be adopted and used? How can the M&E work of CAs link more effectively with the new PRH results framework?
11. What are ways to better coordinate and make linkages among the approaches to M&E being used by CAs? Are there ways to streamline the reporting requirements to PRH in order to reduce cost and unnecessary effort? If so, what are they?
12. What role should the Evaluation Project play in supporting and guiding M&E approaches? How could M&E efforts be better coordinated?

## **IV. Resources and Methodology**

### **A) Data Sources/Documents**

The assessment team will review all documentation from key CAs/awards including, but not limited to the following:

- M&E portion of Cooperative Agreements and Contracts
- Performance Monitoring Plan
- Annual M&E work plans and budgets
- Quarterly and progress reports
- Annual Results Reporting
- Management Review reports
- Research and evaluation reports

If the assessment team considers a self-assessment questionnaire useful for data collection, the team can design and administer one as appropriate.

The projects to be included in the assessment are: ACQUIRE, CTR/Family Health International, Commercial Market Strategies, The Policy Project, PRIME, CATALYST, the Health Communications Partnership, and Deliver. These represent a mix of cooperative agreements and contracts.

### **B) Team Planning Meeting**

A Team Planning Meeting will be held with the input of USAID and POPTECH staff and the Assessment Team to ensure that team members understand the assessment's objectives. The Assessment Team will be briefed by the USAID/Washington point person and POPTECH on the purpose, strategy and current status of the activities.

### **C) Interviews**

The team will conduct interviews with USAID/Washington staff within PRH, and M&E Directors and other key staff from the cooperating agencies located in the Washington metropolitan area. While in Washington, the evaluation team may conduct phone interviews with staff from other CAs. To gain a more comprehensive understanding of the situation, the team may travel to 2-3 key CAs located outside the Washington metropolitan area to conduct interviews.

## **V. Deliverables**

### **A) Debriefings**

The Assessment Team will conduct a debriefing for USAID, Office of Population and Reproductive Health, to discuss preliminary findings.

### **B) Assessment Report**

The draft Assessment Report will be submitted to the USAID/Washington point person and selected others for corrections and comments. The final Assessment Report will be no longer than 20 pages total excluding Annexes.

## **APPENDIX B**

### **PERSONS CONTACTED**

## **PERSONS CONTACTED**

### **USAID/BUREAU FOR GLOBAL HEALTH, OFFICE OF POPULATION AND REPRODUCTIVE HEALTH (GH/PRH)**

Margaret Neuse, Director

Scott Radloff, Deputy Director

Pamela Mandel, Deputy Chief, Service Delivery Improvement Division

Mark Rilling, Chief, Commodities Security and Logistics Division

James Shelton, Senior Medical Advisor

Jeffrey Spieler, Chief, Research, Technology and Utilization Division

Ellen Starbird, Chief, Policy, Evaluation and Communication Division

### **USAID/GH PROJECT COGNIZANT TECHNICAL OFFICERS AND TECHNICAL ADVISORS**

Greg Adams, CATALYST, Advance Africa

Jacob Adetunji, MEASURE DHS

Barbara Addey, M&L

Gloria Coe, HCP, INFO

Carolyn Curtis, ACQUIRE

Shyami de Silva, CMS, Private Sector Program (PSP)

Marguerite Farrell, CMS, PSP

Sarah Harbison, FRONTIERS

Sam Kahn, LINKAGES

Mihira Karra, CTR, ACCESS, LINKAGES

Virginia Lamprecht, CARE RH Trust Fund, Grants Solicitation and Management (GSM)

Patricia McDonald, ACQUIRE

Shawn Malarcher, FRONTIERS

Maureen Norton, CATALYST, Advance Africa

Tom Outlaw, Healthy Families, Healthy Forests

Lois Schaefer, PRIME, Advance Africa

Ritu Singh, HCP, MEASURE CDC/DRH

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Kellie Stewart, CATALYST

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### **ACQUIRE/ENGENDERHEALTH**

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Rosemary Were, Senior Project Assistant

**CATALYST/PATHFINDER**

Orlando Hernandez, Senior Evaluation Advisor  
Madiha Said, M&E Specialist, Egypt  
Delicia Ferrando, M&E Specialist, Peru

**COMMERCIAL MARKET STRATEGIES (CMS)/DELOITTE TOUCHE  
TOMATSU/ABT ASSOCIATES**

Ruth Berg, Director of Evaluation

**CONTRACEPTIVE TECHNOLOGY RESEARCH (CTR)/FAMILY HEALTH  
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Susan MacIntyre, Director, Evaluation of the Contraceptive Technology Program  
Matthew Tiedemann, Senior Program Manager  
Schatzi McCarthy, Associate for Program Management  
Julia Welch, Director of Implementation, Clinical Research Department  
Barbara Janowitz, Director, Health Services Research  
Cindy Geary, Senior Scientist, Behavioral and Social Sciences  
JoAnn Lewis, Senior Vice President, Reproductive Health Programs

**DELIVER/JSI**

Timothy Williams, Senior Evaluation Officer  
Dana Gelfeld Aronovich, Research and Evaluation Advisor  
Richard Ainsworth, Coordinator for Country Programs

**FRONTIERS/Population Council**

John Townsend, Director

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Mona Byrkit, Deputy Director

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Ann Lion Coleman, Senior Program Officer, PATH

Alfredo Fort, Former Evaluation Unit Director

Shannon Salentine, Monitoring and Evaluation Specialist

## **APPENDIX C**

### **CORE FUNDING FOR MONITORING AND EVALUATION**

## CORE FUNDING FOR MONITORING AND EVALUATION

The following table summarizes the information provided by the 17 CAs on core funding for monitoring and evaluation (separate and combined).

**Table C–1**  
**Core M&E Funding as a Percentage of Total Funding**

CA/Project	Monitoring		Evaluation		Total	
	Amount	Percentage	Amount	Percentage	Amount	Percentage
ACQUIRE	NA	NA	NA	NA	192,725	3.4
Advance Africa	594,092	3.2	198,031	1.1	NA	NA
CATALYST	NA	NA	316,766	NA	NA	NA
CMS	1,592,000	1.8	507,000	0.6	NA	NA
Healthy Families, Healthy Forests	45,154	5.0	90,308	10	NA	NA
CTR	907,000	4.2	135,000	0.6	NA	NA
DELIVER	NA	NA	NA	NA	1,668,000	8.5
FRONTIERS	NA	NA	NA	NA	NA	NA
HCP	NA	NA	NA	NA	NA	NA
IRH	1,000,000	19.0	1,300,000	28.0	NA	NA
LINKAGES	NA	NA	NA	NA	562,931	5.5
MEASURE CDC/DRH	80,000	4.0	80,000	4.0	NA	NA
M&L	710,097	3.5	607,506	3.0	NA	NA
POLICY	987,367	1.1	50,000	NA	NA	NA
PRB	NA	NA	NA	NA	NA	NA
PRIME II	NA	NA	NA	NA	NA	NA
YouthNet	207,000	3.1	NA	NA	NA	NA

Shaded areas indicate CAs that were interviewed.

Note: As described in the text, for a number of reasons it is currently not possible to determine how much money CAs have spent on M&E. The following comments illustrate this point.

**ACQUIRE** does not budget for monitoring and evaluation separately. Field offices are not required to submit activity-based budgets. This budget is for one year (fiscal year [FY] 2003–04). It includes salaries, miscellaneous expenses, and indirect costs but not travel and funds for software. Expenditure data are not available.

**Advance Africa** did not provide any further information in its questionnaire.

**CATALYST** does not budget for monitoring activities. The amount shown is for evaluation (for FY 2004–05). There are separate, additional budgets for Egypt (\$70,000 for monitoring and \$50,000 for evaluation) and Peru (\$15,000 for monitoring and \$10,000 for evaluation).

**CMS** provided expenditure data. These are for October 1998 through March 2004 and include labor costs.

**Healthy Families, Healthy Forests** provided budget estimates based on fixed percentages of the total central and field budgets (5 percent for monitoring and 10 percent for evaluation).

**CTR's** budget is fixed amounts of total core budgets for monitoring (6 percent) and evaluation (4 percent). It warns that "extreme caution is warranted in using these crude estimates." Funding streams and subprojects are not disaggregated to the point that there is separate accounting for M&E activities. Salaries, for example, are not broken down by the amount spent on M&E.

**DELIVER** does not distinguish between monitoring and evaluation in its budgets; they are combined. The figures shown are core budgets for July 2003 to June 2004. Field support and other funding are difficult to measure because there are no line items for M&E. In addition, some M&E activities are integrated into ongoing project activities and are not viewed or charged as separate M&E activities.

**FRONTIERS** does not budget or keep track of M&E expenditures: "As we are a research CA and our cooperative agreement is designed to support research and evaluation, virtually all resources are used in service of M&E."

**HCP** does not break down its budget this way. In the third year, \$545,874 was allocated to the Summative Evaluation Unit for summative evaluation in selected countries. Other research-related core funding is neither for monitoring nor evaluation, but for special studies and secondary analysis.

**IRH's** estimates are fully loaded (include all indirect costs, such as fringe benefits and overhead).

**LINKAGES** does not distinguish between funds for monitoring and evaluation; they are combined. Costs are shown for FY 2004. Costs were estimated to be approximately 4 percent of overall project expenditures and 10 percent between 2001 and 2003.

**MEASURE CDC/DRH** provided no further information about budgets or costs.

**M&L** states that M&E is integrated into activities. Many core-funded activities have small M&E components, but their costs are not tracked. The costs of the central M&E Unit are tracked, however. Expenditures shown are from October 2000 through September 2004.

**POLICY** does not have a line item in its core budget for M&E; it does not charge for M&E. Rather, overhead funds are used to pay for M&E activities. The figures shown are rough estimates for expenditures over the first four years of the project. M&E activities are integrated into most activities and subprojects but are not costed separately.

**PRB** does not budget nor keep track of M&E expenditures.

**PRIME II** has not tracked M&E activities and expenses separately from other project implementation activities and expenses. In addition, since PRIME is a performance improvements project, there is some overlap between performance improvement activities (such as performance needs assessments) and M&E activities. M&E is embedded in many subprojects and activities.

**YouthNet** does not distinguish between monitoring and evaluation; the figures only show the support for M&E staff. YouthNet does not have separate funds set aside for evaluation.

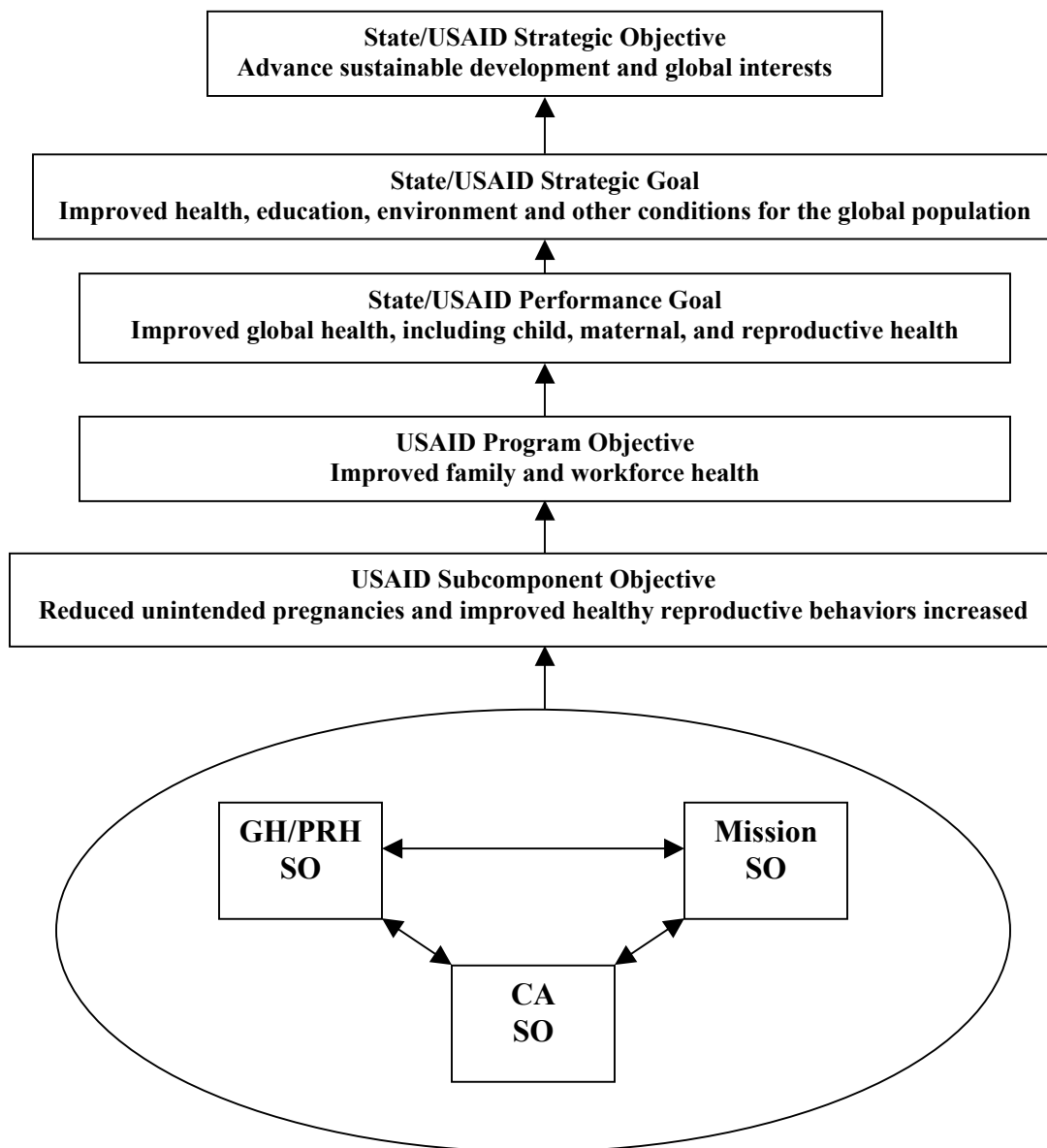
## **APPENDIX D**

### **EXAMPLE OF AN INTEGRATED RESULTS FRAMEWORK**

## EXAMPLE OF AN INTEGRATED RESULTS FRAMEWORK

The overall Strategic Framework for GH/PRH is supposed to contribute to the Agency's overall global health goal. That begins with a variety of **activities** that contribute to increased **use** of FP/RH services and increased **healthy behaviors**. Those lead, in turn, to reduced **fertility** and improved **health status**. That, combined with other health interventions (HIV/AIDS, maternal and child health) should lead to overall global health. The following diagram summarizes the framework down to the USAID program subcomponent level.

**Figure D-1**  
**Strategic Framework**



The oval shows the interaction of GH/PRH, Mission, and CA interventions, which together contribute to the reduction of unintended pregnancies and the improvement of healthy RH behaviors. Figure D-2 is a conceptual framework developed by GH/PRH to show how the GH/PRH, Missions, and CAs interact to achieve the subcomponent objective.

**Figure D-2**  
**GH/PRH Conceptual Interaction Framework**

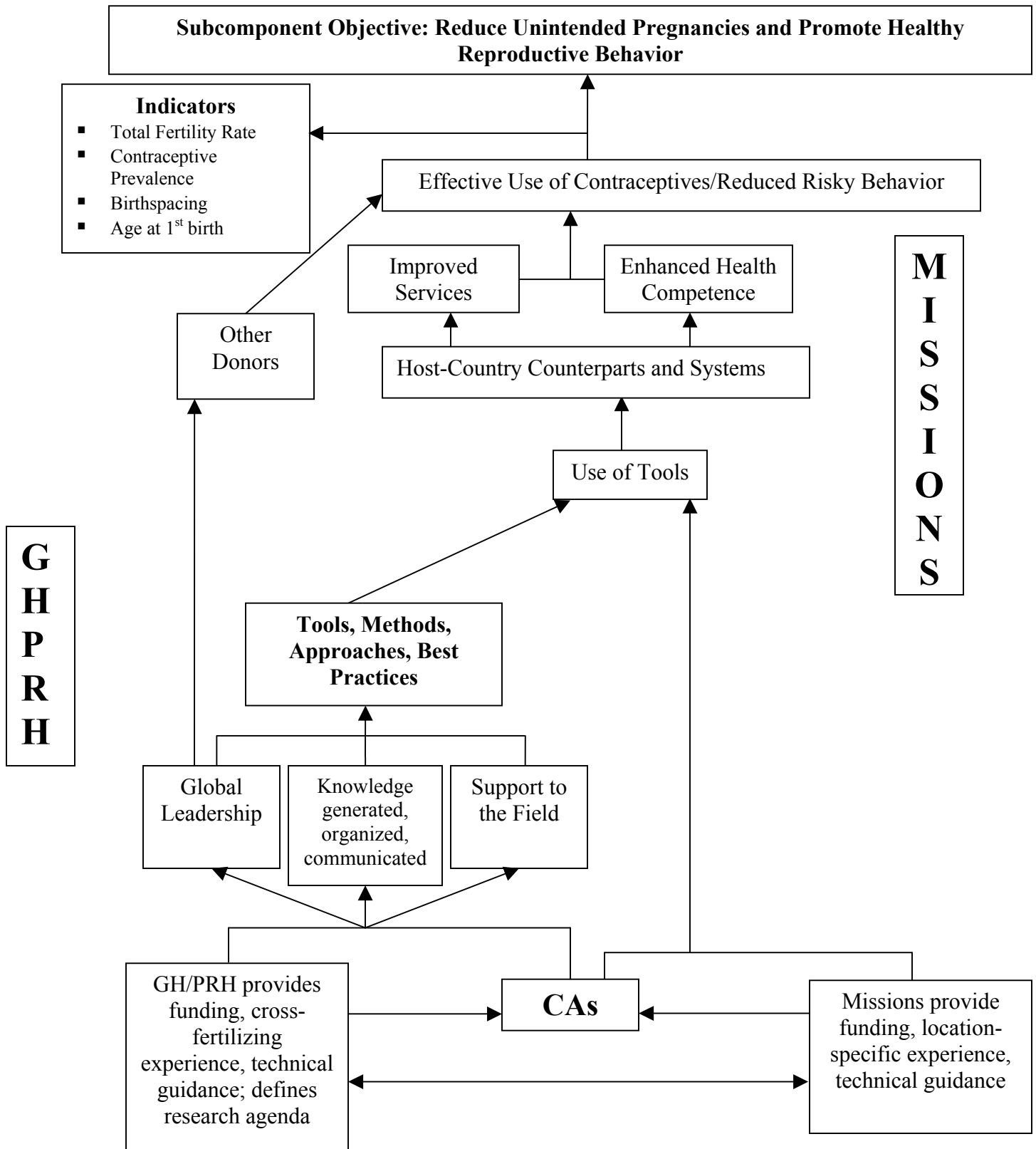
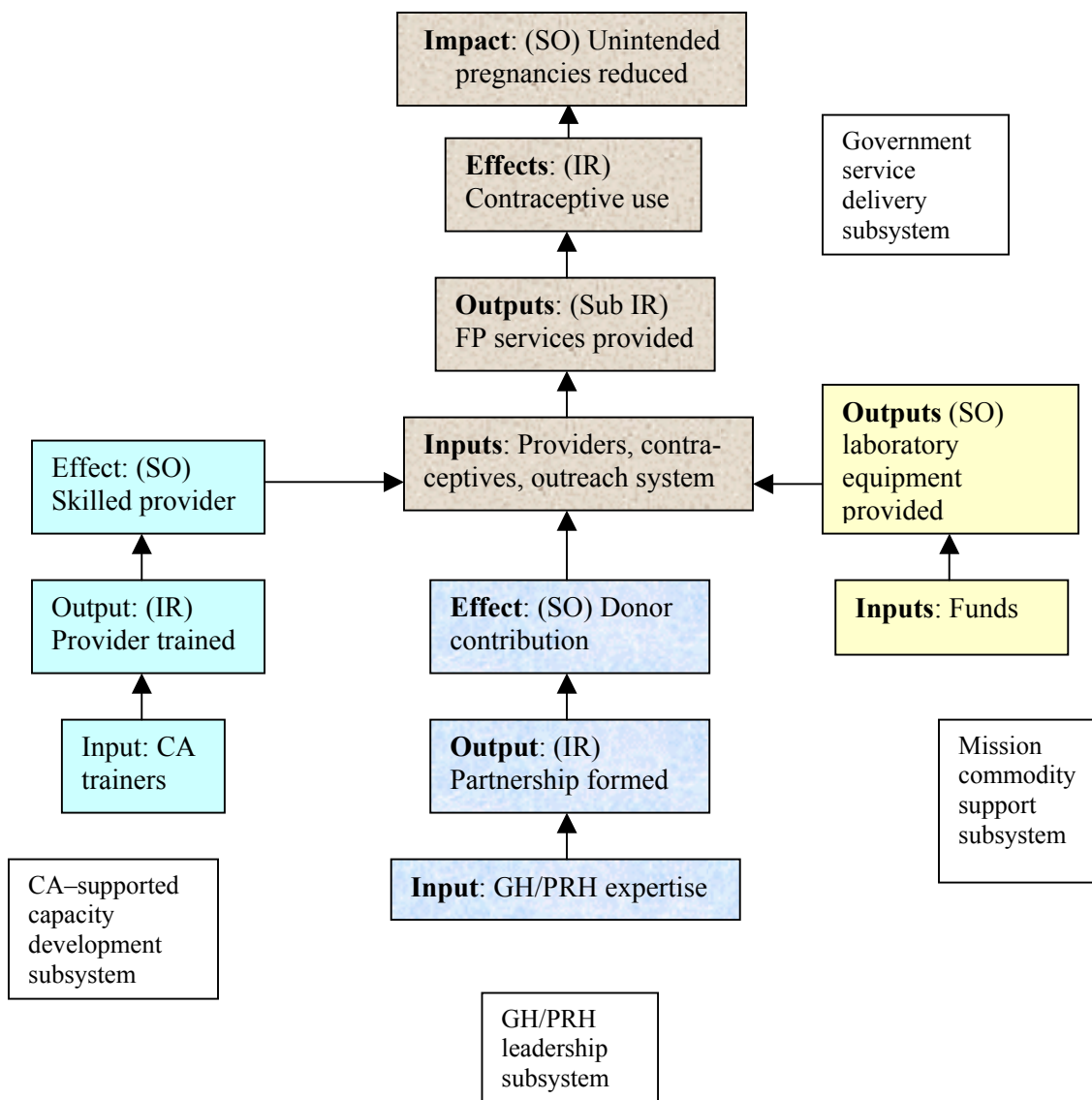


Figure D–3 illustrates one way to put into operation this conceptual framework. It shows how the Strategic Framework can be viewed as a set of linked subsystems, each one of which has its own SO and IRs.

In this example, three different subsystems (capacity development, leadership, and logistics) feed into the main service delivery subsystem of the local government. The capacity development subsystem is the responsibility of a CA and the effects (e.g., improved provider skills and performance) feed into the input box of the government’s service delivery subsystem. That is, one of the key inputs of this subsystem is skilled providers. The leadership subsystem, which in this example is the responsibility of GH/PRH, also feeds its results (funds from another donor) into the government service delivery subsystem. The Mission’s logistics system provide laboratory equipment to the government. Its output also becomes another input to the service delivery system.

**Figure D–3**  
**Linked Subsystems**



This complex process can be viewed as interrelated subsystems, each of which contributes to the ultimate impact on health, but none of which necessarily has to state its SOs as a health impact. It is sufficient that its output or effect is an input to another subsystem that ultimately achieves that health impact.

## **APPENDIX E**

### **PROJECT WEB SITES AND TOOL ADDRESSES**

### Project Web Sites and Tool Addresses

Project	Web Site	Address of Tools or Publications
ACQUIRE	www.engenderhealth.org	<a href="http://www.engenderhealth.org/res/offc/index.html">http://www.engenderhealth.org/res/offc/index.html</a>
Advance Africa	www.advanceafrica.org	<a href="http://www.advanceafrica.org/tools_and_approaches/index.html">http://www.advanceafrica.org/tools_and_approaches/index.html</a>
BRIDGE	www.prb.org	<a href="http://www.prb.org/template.cfm?Section=PRB_Library">http://www.prb.org/template.cfm?Section=PRB_Library</a>
CATALYST	www.rhcatalyst.org www.pathfind.org	<a href="http://www.rhcatalyst.org/site/PageServer?pagename=Publications">http://www.rhcatalyst.org/site/PageServer?pagename=Publications</a>
CMS	www.cmsproject.com	<a href="http://www.cmsproject.com/resources/publications.cfm?view=normal - tools">http://www.cmsproject.com/resources/publications.cfm?view=normal - tools</a>
CTR	www.fhi.org	<a href="http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/pregnancy/English.htm">http://www.fhi.org/en/RH/Pubs/servdelivery/checklists/pregnancy/English.htm</a>
DELIVER	www.jsi.com	<a href="http://deliver.jsi.com/2002/MandE/index.cfm">http://deliver.jsi.com/2002/MandE/index.cfm</a>
FRONTIERS	www.popcouncil.org	<a href="http://www.popcouncil.org/frontiers/frontiersbooks.html">http://www.popcouncil.org/frontiers/frontiersbooks.html</a>
HCP	www.jhuccp.org	<a href="http://www.jhuccp.org/topics/heath_com.shtml - 3">http://www.jhuccp.org/topics/heath_com.shtml - 3</a>
Healthy Families, Healthy Forests	www.conservation.org	<a href="http://www.conservation.org/xp/CIWEB/programs/pop-env/pop-env.xml">http://www.conservation.org/xp/CIWEB/programs/pop-env/pop-env.xml</a>
IRH	www.irh.org	<a href="http://www.irh.org/resources.html">http://www.irh.org/resources.html</a>
LINKAGES	www.aed.org	<a href="http://www.linkagesproject.org/tools/m&amp;e.php">http://www.linkagesproject.org/tools/m&amp;e.php</a>
M&L	www.msh.org	<a href="http://erc.msh.org/">http://erc.msh.org/</a>
MEASURE CDC/DRH	www.cdc.gov	<a href="http://www.cdc.gov/reproductivehealth/gp_spanrhs.htm">http://www.cdc.gov/reproductivehealth/gp_spanrhs.htm</a>
POLICY	www.tfgi.com	<a href="http://www.futuresgroup.com/WhatWeDo.cfm?page=Software">http://www.futuresgroup.com/WhatWeDo.cfm?page=Software</a>
PRIME II	www.intrahealth.org	<a href="http://www.intrahealth.org/pipubs.html">http://www.intrahealth.org/pipubs.html</a> <a href="http://www.intrahealth.org/p2pubs.html">http://www.intrahealth.org/p2pubs.html</a> <a href="http://www.intrahealth.org/rtlpubs.html">http://www.intrahealth.org/rtlpubs.html</a>
YouthNet	www.fhi.org	<a href="http://www.fhi.org/en/Youth/YouthNet/Publications/index.htm">http://www.fhi.org/en/Youth/YouthNet/Publications/index.htm</a>

## **APPENDIX F**

### **MEASUREMENT SCALES** (from David M. Lane)

## MEASUREMENT SCALES

### MEASUREMENT SCALES<sup>16</sup>

Measurement is the assignment of numbers to objects or events in a systematic fashion. Four levels of measurement scales are commonly distinguished: [nominal](#), [ordinal](#), [interval](#), and [ratio](#).

There is a relationship between the level of measurement and the appropriateness of various statistical procedures. For example, it would be silly to compute the mean of nominal measurements. However, the appropriateness of statistical analyses involving means for ordinal level data has been controversial. One position is that data must be measured on an interval or a ratio scale for the computation of means and other [statistics](#) to be valid. Therefore, if data are measured on an ordinal scale, the [median](#) but not the [mean](#) can serve as a measure of [central tendency](#).

### NOMINAL SCALE

Nominal measurement consists of assigning items to groups or categories. No quantitative information is conveyed and no ordering of the items is implied. Nominal scales are therefore qualitative rather than quantitative. Religious preference, race, and sex are all examples of nominal scales. [Frequency distributions](#) are usually used to analyze data measured on a nominal scale. The main [statistic](#) computed is the [mode](#). [Variables](#) measured on a nominal scale are often referred to as categorical or qualitative variables.

### ORDINAL SCALE

Measurements with ordinal scales are ordered in the sense that higher numbers represent higher values. However, the intervals between the numbers are not necessarily equal. For example, on a five-point rating scale measuring attitudes toward gun control, the difference between a rating of 2 and a rating of 3 may not represent the same difference as the difference between a rating of 4 and a rating of 5. There is no “true” zero point for ordinal scales since the zero point is chosen arbitrarily. The lowest point on the rating scale in the example was arbitrarily chosen to be 1. It could just as well have been 0 or -5.

### INTERVAL SCALE

On interval measurement scales, one unit on the scale represents the same magnitude on the trait or characteristic being measured across the whole range of the scale. For example, if anxiety were measured on an interval scale, then a difference between a score of 10 and a score of 11 would represent the same difference in anxiety as would a difference between a score of 50 and a score of 51. Interval scales do not have a “true” zero point, however, and therefore it is not possible to make statements about how many times higher one score is than another. For the anxiety scale, it would not be valid to say that a person with a score of 30 was twice as anxious as a person with a score of 15. True interval measurement is somewhere between rare and nonexistent in the behavioral

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<sup>16</sup> Hyperstat Online Contents: <http://davidmlane.com/hyperstat/A30028.html>

sciences. No interval-level scale of anxiety such as the one described in the example actually exists. A good example of an interval scale is the Fahrenheit scale for temperature. Equal differences on this scale represent equal differences in temperature, but a temperature of 30 degrees is not twice as warm as one of 15 degrees.

## **RATIO SCALE**

Ratio scales are like [interval scales](#) except they have true zero points. A good example is the Kelvin scale of temperature. This scale has an absolute zero. Thus, a temperature of 300 Kelvin is twice as high as a temperature of 150 Kelvin.

## **APPENDIX G**

## **REFERENCES**

## REFERENCES

Bertrand, Jane, Robert Magnani, and James Knowles. *Handbook of Indicators for Family Planning Evaluation*. The Evaluation Project, Contract Number DPE-3060-C-00-1054-00, 1994.

Bertrand, Jane and Gabriela Escudero. *Compendium of Indicators for Evaluating RH Programs*. Volume 1, MEASURE Evaluation Manual Series No. 6. Cooperative Agreement HRN-A-00-97-00018-00, August 2002.

Hyperstat Online Contents: <http://davidmlane.com/hyperstat/A30028.html>

## RESOURCE DOCUMENTS

M&E portion of cooperative agreements and contracts

Performance Monitoring Plan

Annual M&E work plans and budgets

Quarterly and progress reports

Annual results reporting

Management review reports

Research and evaluation reports



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